

<b>Case Number:</b>	CM13-0042678		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 32-year-old female who sustained an injury to the neck and upper extremities in work related accident working as a packager. The clinical records for review include a 09/19/13 progress report noting ongoing complaints of neck, upper extremity, hand, and wrist pain as well as low back complaints. The physical examination showed restricted cervical range of motion, diminished left greater than right grip strength, and 4/5 strength with shoulder musculature bilaterally. The lumbar spine exam noted restricted range of motion and 4/5 strength with heel walking. The records document that conservative treatment has included physical therapy, medication management, and activity restrictions. It is documented that MRI of the lumbar spine on 01/28/14 showed minimal facet disease at L4-5 and L5-S1. The documentation of the MRI of the cervical spine from 02/18/13 showed a mild disc bulge at C5-6 with no indication of nerve compressive findings. The request is for multiple epidural steroid injections to be performed at the C5-6 level, the L4-5 and the L5-S1 level. There was also a request for pre-epidural injection clearance including laboratory testing.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **L4-5 Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Epidural steroid injections (ESIs), page 46 Page(s): 46.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support an epidural injection at L4-5 into the lumbar spine. At present there is no indication of compressive findings on imaging that would support the acute need of an injection. The Chronic Pain Guidelines clearly recommend that radiculopathy must be documented by both physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Absence of the above would fail to support the injection at this time. As such, the request is not medically necessary.

**L5-S1 Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Epidural steroid injections (ESIs), page 46 Page(s): 46.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support an epidural injection at L5-S1 into the lumbar spine. At present there is no indication of compressive findings on imaging that would support the acute need of an injection. The Chronic Pain Guidelines clearly recommend that radiculopathy must be documented by both physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Absence of the above would fail to support the injection at this time. As such, the request is not medically necessary.

**C5-6 Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Epidural steroid injections (ESIs), page 46 Page(s): 46.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support an epidural injection at C5-6 level of the cervical spine. At present there is no indication of compressive findings on imaging that would support the acute need of an injection. The Chronic Pain Guidelines clearly recommend that radiculopathy must be documented by both physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Absence of the above would fail to support the injection at this time. As such, the request is not medically necessary.

**Pre-ESI clearance include UA/Preg orders: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.