

<b>Case Number:</b>	CM13-0058561		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 physician 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 patient is a 52-year-old male who reported an injury on 09/26/2012. The patient reportedly sustained a fall after being struck by a door. The patient is currently diagnosed with chronic axial neck pain, chronic low back pain, and rule out lumbar instability. The patient was seen by [REDACTED] on 10/30/2013. The patient reported ongoing pain. Physical examination revealed positive Spurling's maneuver on the left with numbness in bilateral forearms. The patient also demonstrated decreased grip strength on the left. Treatment recommendations included a translaminar epidural steroid injection (ESI) at C7-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar ESI at C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. According to the documentation submitted, there was no indication of radiculopathy upon

physical examination. There were also no imaging studies or electrodiagnostic reports submitted for review. There was no indication of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDS and muscle relaxants. Based on the clinical information received, the employee does not meet criteria for the requested procedure. As such, the request is non-certified.