

<b>Case Number:</b>	CM13-0064690		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/09/2005
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and 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 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 patient is a 59-year-old male who reported an injury on 05/9/2005. The mechanism of injury was not provided for review. The patient developed chronic low back pain and neck pain that was managed with medications. The patient's most recent clinical evaluation documented that the patient had pain rated at an 8/10 and was responsive to medications. Physical findings included restricted range of motion of the lumbar spine secondary to pain with tenderness to palpation over the lumbar paraspinal musculature with spasming, sciatic notch nerve, and piriformis spasming with positive facet loading, and a positive straight leg raising test. Examination also revealed the patient had restricted cervical spine range of motion secondary to pain with tenderness to palpation along the bilateral paraspinal musculature and trapezius musculature with a positive Spurling's maneuver. The patient had diminished sensation in the right C6, C7 dermatomes of the upper extremities and right L4, L5 dermatomes of the lower extremities. The patient's diagnoses included degenerative lumbar intervertebral disc disease, displacement of cervical intervertebral disc without myelopathy, cervicgia, lumbago, and displacement of lumbar intervertebral disc without myelopathy. The patient's treatment plan included a cervical epidural steroid injection at the C6-7 and a lumbar epidural steroid injection at the L4-5, continuation of medication usage, and chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection at L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 46. Decision based on Non-MTUS Citation AMA Guidelines (Radiculopathy)

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

**Decision rationale:** The requested lumbar epidural steroid injection at the L4-5 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings upon examination that are corroborated with an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has radicular physical findings. However, there was no imaging study of the lumbar spine provided for review. Additionally, clinical documentation does not provide any indication that the patient has not responded to conservative treatments to include any active therapy. As such, the requested lumbar epidural steroid injection at the L4-5 is not medically necessary or appropriate.

**Cervical Epidural Steroid Injection at C6-7:** Upheld

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

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

**Decision rationale:** The requested cervical epidural steroid injection at the C6-7 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings upon examination that are corroborated with an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has radicular physical findings. However, there was no imaging study of the cervical spine provided for review. Additionally, clinical documentation does not provide any indication that the patient has not responded to conservative treatments to include any active therapy. As such, the requested cervical epidural steroid injection at the C6-7 is not medically necessary or appropriate.