

<b>Case Number:</b>	CM13-0068799		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 60-year-old male who reported an injury on 04/28/2003. The mechanism of injury was not stated. The current diagnoses include status post right-sided L3-5 laminectomy and partial facetectomy, and left C6-7 radiculitis secondary to degenerative spondylosis and foraminal stenosis. The injured worker was evaluated on 11/25/2013. The injured worker was status post L3-4 and L4-5 laminectomy and facetectomy on 07/16/2013. The injured worker reported worsening cervical symptoms. Physical examination revealed limited cervical range of motion, positive Spurling's maneuver on the left, and absent deep tendon reflexes. The treatment recommendations at that time included C5-6 and C6-7 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT C5-6 AND C6-7 TRANSFORAMINAL EPIDURAL STEROID INJECTION:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 46.

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the injured worker does demonstrate positive Spurling's maneuver, decreased sensation, and diminished deep tendon reflexes. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is also no mention of an attempt at conservative treatment including exercises, physical methods, NSAIDS and muscle relaxants. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.