

<b>Case Number:</b>	CM13-0070966		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/30/2002
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 & 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 patient is a 49-year-old male who reported an injury on 04/30/2002. The mechanism of injury was not provided for review. The patient's treatment history included anterior cervical interbody fusion at the C5-6 and C6-7 levels, lumbar epidural steroid injections at the right L5-S1, physical therapy, acupuncture, home exercise program, psychological support, and multiple medications. The patient's most recent clinical evaluation documented that the patient had 6 to 7 out of 10 average pain. The patient complained of radicular pain in the right leg. Physical findings included ongoing severe cervical pain. Evaluation of the lumbar spine documented pain with range of motion, a positive straight leg raising test on the left and decreased deep tendon reflexes on the left. The patient's diagnoses included chronic severe neck pain, myofascial pain and spasming, chronic low back pain, neuropathic pain of the right upper extremity, and analgesic dependence. The patient's treatment plan included continuation of medications and a right L4-5 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection, right, L4-5:** 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 transforaminal epidural steroid injection at the right L4-5 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that repeat injections be based on documentation of at least 50% pain relief for 6 to 8 weeks with documentation of functional improvement. The clinical documentation submitted for review does indicate that the patient previously received right-sided epidural steroid injections at the L4-5. However, the results of those injections were not provided for review. Additionally, the requested right-sided L4-5 epidural steroid injection does not correlate with the physical findings in the patient's most recent clinical examination. The patient's most recent clinical examination documented that the patient had left-sided decreased deep tendon reflexes and a left-sided straight leg raising test. It does not appear that the patient's right-sided radicular symptoms were supported by physical findings. Therefore, the need for a right-sided injection is not supported. As such, the requested transforaminal epidural steroid injection of the right L4-5 is not medically necessary or appropriate.