

<b>Case Number:</b>	CM14-0006077		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational Medicine 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 patient is a 47-year-old female who has submitted a claim for Right Shoulder Tendonitis, Bilateral Lumbar Radiculitis, Cervical Sprain/Strain, Bilateral Cervical Radiculitis, Thoracic Sprain/Strain, and Lumbar Strain/Sprain, associated with an industrial injury date of September 12, 2011. Medical records from 2013 were reviewed, which showed that the patient complained of constant cervical spine pain rated 1-4/10, and thoracic spine pain rated 3-6/10 with radiating symptoms. The patient also complained of lumbar spine pain radiating to both lower extremities, rated 4-7/10. She also reported numbness and tingling on both feet. She also complained of constant right shoulder pain, rated 3-6/10. On physical examination, there was tenderness in the bicipital groove. Shoulder range of motion was adequate. Cervical spine exam revealed tightness in the paracervical musculature with slight limitation of range of motion. Grasp was slightly weak on the left. Thoracic spine exam revealed tenderness of the paravertebrals. Lumbar spine exam showed tenderness with limited range of motion. She had a slight limp on the left. Treatment to date has included medications, physical therapy, home exercise program, chiropractic care, thoracic cortisone injection, and lumbar medial branch blocks. Utilization review from January 3, 2014 denied the request for epidural steroid injection at left L4-5 because there were no subjective or objective findings to support this request; and pain management referral because the epidural injection was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDURAL STEROID INJECTION AT LEFT L4 AND L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Epidural Steroid Injections Page(s): 46.

**Decision rationale:** According to page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. In this case, although the patient exhibited symptoms of radicular pain, there were no objective or imaging findings that supported nerve root pathology. Moreover, there was no discussion regarding failure of conservative management. Therefore, the request for Epidural Steroid Injection at Left L4 and L5 is not medically necessary.

**PAIN MANAGEMENT REFERRAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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, page 127.

**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, pages 127, 156.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the medical records showed that a pain specialist previously saw the patient for spinal injections/blocks. There was no discussion regarding the indication for another pain management referral. Therefore, the request for Pain Management Referral is not medically necessary.