

<b>Case Number:</b>	CM14-0105694		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/14/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 49 year old male who was injured on September 14, 2009. The mechanism of injury is described as a lifting, falling, and twisting type event. The most recent progress note dated July 24, 2014 indicates complaints of muscle cramps, joint pain, joint stiffness, and back pain. It is also noted the injured worker complains of tremors. On physical exam the injured worker is noted to sit in chair throughout exam and displays normal pain behaviors. The neurological assessment in the bilateral upper and left lower limb is normal. There is universally reduced touch and pin sensibility in the right lower limb. There is very slight tenderness in the lumbar spine. The July 24, 2014 progress note lists current diagnoses as chronic pain syndrome, cervical post-laminectomy syndrome, back pain (lumbar), cervical radiculopathy, cervical spondylosis, carpal tunnel syndrome, and insomnia. Pain scale is 7/10 with medication and 8/10 without. Medications include Norco, Cymbalta, Lidoderm Patch, Voltaren Gel, Indomethacin, Omeprazole, baclofen, and Allegra. The prior utilization review determination dated June 17, 2014 denied the request for lumbar epidural steroid injection with fluoroscopy and monitored sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection with fluoroscopy and monitored sedation:** 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 Page(s): 46.

**Decision rationale:** As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clear evidence of pain in a nerve root distribution on the exam. There is no imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy. Therefore, the medical necessity of the request for ESI is not established.