

<b>Case Number:</b>	CM14-0107082		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 56-year-old female with an injury date of 03/11/2013. Based on the 04/07/2014 progress report, the patient complains of neck pain, left shoulder pain, and lower back pain. In regards to her cervical spine, the patient has muscle tenderness, posterior left trapezius more than the right. For the lumbosacral spine, the patient has muscle tenderness in her lower lumbar of both the right and left sides. The 03/07/2014 report states that the patient has been doing therapy and stretching, which helps her significantly. The MRI of the patient's lumbar spine revealed a lateral herniation at L3-L4 taking out her L4 nerve root (date of MRI not indicated). The patient's diagnoses include the following: 1. Acute cervical strain. 2. Cervical spondylosis C5-C6, C6-C7. 3. Lateral herniation L3-L4. 4. Instability of L3-L4. The utilization review determination being challenged is dated 06/25/2014. Treatment reports are provided from 05/16/2013 - 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-L4 Foraminal Injection x 1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** Based on the 06/05/2014 progress report, the patient complains of headaches, neck pain, and left shoulder pain. The request is for a left L3-L4 foraminal injection x1. There is no indication provided if the patient has previously had an injection at L3-L4. In reference to an epidural steroid injection, MTUS Guidelines states, "Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing." An MRI shows lateral herniation at L3-L4 taking out her L4 nerve root and the patient has a positive straight leg raise as well as a positive dorsiflexion on the left. A trial of ESI may be reasonable. Therefore, the request of Left L3-L4 Foraminal Injection # 1 is medically necessary and appropriate.