

<b>Case Number:</b>	CM14-0019228		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Internal 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 injured worker is a 49 year old male who sustained an injury on December 6, 2007. He is diagnosed with backache and neck pain. He was seen on January 29, 2014. His pain level was unchanged since his last visit. His quality of sleep was poor. He was not trying any other therapies for pain relief. He was taking his medications as prescribed and stated that they were working well. No side effects were reported. An examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. His range of motion was restricted. On examination of the paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and facet tenderness bilaterally was noted on both sides. A Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. An examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted and limited by pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band was noted on both sides. A straight leg raising test was positive on the right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection CESI X 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ESI'S CRITERIA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), page 46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Epidural steroid injections, therapeutic.

**Decision rationale:** According to evidence-based guidelines, the criteria for the authorization of epidural steroid injections include documentation of radiculopathy through physical examination which is further corroborated by imaging studies as well as documentation of failed conservative treatments. Per recent medical information dated January 29, 2014, it has been determined that Spurling's maneuver was negative. No radicular symptoms were found objectively. More so, it was not documented whether the injured worker has failed conservative treatment in the form of other physical modalities. Such as, a Cervical Epidural Steroid Injection is not considered medically necessary at this time.

**Bilateral Transforaminal Epidural Steroid Injection LESI L5-S1 X 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ESI'S CRITERIA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), page 46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections.

**Decision rationale:** As mentioned by evidence-guidelines, there should be documentation of radiculopathy through physical examination and is further corroborated with imaging studies or electrodiagnostic testing in order to warrant epidural steroid injections as well as documentation of failure of conservative treatments (e.g., medications, exercise, therapy). In this case, it has been determined from the medical records that the injured worker has been tolerating and responding well to medications. He has not failed conservative treatment with medications yet and has not fully maximized other conservative treatment modalities. Although subjective findings note pain in the low back radiates to the bilateral lower extremities including feet and toes with associated numbness and tingling and the provider indicated that the magnetic resonance imaging (MRI) scan of the lumbar spine show multi-level foraminal compromise it does not radicular symptoms. Such as, a bilateral transforaminal epidural steroid injection at L5-S1 is not necessary at this time.