

<b>Case Number:</b>	CM14-0019468		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/16/2014
<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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50 year old male who reported an injury of 07/20/2012 due to an unknown mechanism. The clinical note dated 11/18/2013 indicted the the claimant reported chronic pain in the neck, upper and lower back with pain extending down the left arm and pain down the right and left legs. The claimant also reported difficulty using his upper extremities due to apparent weakness. The claimant reported his pain was rated 9/10 and reported bending, lifting, twisting, prolonged standing, prolonged sitting, getting out of cars and chairs, walking, coughing and lying flat were aggravating factors. On physical exam, there was decreased range of motion of the cervical and lumbar spines secondary to pain. There was positive cervical tenderness and paraspinous muscle spasmping. The claimant also had positive trapezial tenderness and spasming. There was positive thoracic tenderness and paraspinous muscle spasming. The claimant had positive lumbar tenderness and paraspinous muscle spasming. There was decreased sensation over the right and left upper and lower extremities. Reflexes were hyoeractive in the upper extemities, 1+ in the knees, hyporeactive in the ankles and bilaterally symmetric. The official MRI dated 07/02/2013 revealed degenerative disc disease at T6-7 ad T11-12 and anterior degenrative osteophytes at T6-7 through T11-12. Otherwise neagtive MRI of the T-spine. Medication regimen included Norco and Flexeril. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L5, L5 TRANSFORAMINAL ESI:** 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state criteria for ESI indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The MTUS guidelines also recommend epidural steroid injections as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if there is at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although the claimant showed some signs of radiculopathy such as decreased sensation to the lower extremities, there was lack of diagnostic studies indicative of radiculopathy. In addition, it was unclear whether the claimant ever participated in a physical therapy program. Therefore, the request for bilateral L4, L5 transforaminal ESI is not medically necessary and appropriate.