

<b>Case Number:</b>	CM14-0128591		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Louisiana. 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 59 year old male who sustained an injury on 08/25/2010 when he was working and rolled the mower on top of himself. Past medication history included lisinopril, lovastatin, amlodipine 10 mg, Relprax, cyclobenzaprine, ibuprofen and vitamin C. He underwent a laminectomy at L4-L5. AME report dated 07/02/2013 states the patient presented with complaints of left groin discomfort and chronic low back pain and left leg radiating pain. He reported his main complaint is ongoing low back pain which improved after his surgical decompression; however, he had began receiving Toradol injections as the pain returned. On exam, there are no documented measurable findings. The patient is diagnosed with lumbar spinal stenosis without claudication; lumbar disc displacement without myelopathy; lumbosacral spondylosis and lumbago. Prior utilization review dated 08/08/2014 states the request for Left C5-6 transforaminal epidural steroid injection vs catheter directed epidural is denied as there is insufficient documentation of radicular pain consistent with C5-6 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C5-6 transforaminal epidural steroid injection vs catheter directed epidural:** Upheld

**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 Page(s): 46.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is a lack of supporting documentation pertaining to the physical examination reviews to support this request. This request is not medically necessary at this time.