

<b>Case Number:</b>	CM14-0130153		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Neurological Surgery 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 66-year-old male who was reportedly injured on January 30, 2012. The mechanism of injury was noted as a cumulative/repetitive trauma type event. The most recent progress note dated June 23 2014, indicated that there were ongoing complaints of neck pain and low back pain. An epidural steroid injection was completed on July 1, 2014. The physical examination noted a normotensive individual requiring a cane for ambulation. A marked decrease in lumbar spine range of motion was noted. Similarly, a marked decrease in cervical spine range of motion was noted. Diagnostic imaging studies reportedly noted a 2 mm disc lesion at C6-C7. Previous treatment included electrodiagnostic testing, which noted a bilateral median nerve compressive neuropathy. There was no electrodiagnostic evidence of a cervical radiculopathy. A request was made for epidural steroid injections and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI (Epidural Steroid Injection) Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, there is support for epidural steroid injections when the pain is in a dermatomal distribution and corroborated with radiculopathy. The electrodiagnostic assessment specifically noted there was no evidence of a cervical radiculopathy. Therefore, there is clear clinical evidence that there is no medical necessity for a cervical epidural steroid injection.