

<b>Case Number:</b>	CM14-0170863		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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, 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 40 year old male with an injury date of 09/03/13. Based on the 06/25/14 progress report, the patient complains of pain in his cervical spine, lumbar spine, and lower back. His constant severe neck pain radiates into his right trapezius. He has occasional, shooting, burning pain in his left arm all the way to his hands as well as occasional numbness in the right ulnar forearm and hand. The patient complains of stabbing and burning pain in his right chest wall. He has occasional pain radiating to his buttocks bilaterally and down the posterior thighs and calves. The patient has a burning pain in the plantar aspect of both feet. He has become depressed and sleeps poorly due to his symptoms. The 07/09/14 report indicates that his cervical spine range of motion is decreased and there is tenderness in the right trapezius as well as in the right chest wall. The patient has a decreased lumbar range of motion. The 03/20/14 MRI of the lumbar spine revealed the following: 1. At the L4-5 disc space, which is desiccated, there is 2 to 3 mm central protrusion with an annular tear, minimal retrolisthesis, and a short pedicle compression of the spinal canal with minimal flattening of the ventral thecal sac. The patient's diagnoses include the following: 1. Lumbar strain 2. Lumbar disc protrusions L4-L5, L5-S1 3. Thoracic strain 4. Thoracic disc protrusions T4-T5, T6-T7, and T9-T10 5. Cervical strain The utilization review determination being challenged is dated 09/19/14. Treatment reports were provided from 04/16/14- 08/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inject lumbar/sacral spine epidural steroid injection at right L4-L5 under fluoroscopy:**  
Upheld

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

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

**Decision rationale:** According to the 06/25/14 report, the patient presents with pain in his cervical spine, lumbar spine, and lower back. The request is for an epidural steroid injection (ESI) at right L4-L5 under fluoroscopy to the lumbar/sacral spine. The denial letter states that the patient has not previously had any ESIs to the lumbar spine. In reference to an epidural steroid injection, MTUS Guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 03/20/14 lumbar spine MRI reveals a minimal flattening of the ventral thecal sac at L4-L5. The patient presents with non-dermatomal, diffuse leg symptoms without corroborating MRI findings or exam findings. ESI would not be indicated. The request is not medically necessary.