

<b>Case Number:</b>	CM14-0030034		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Pain Medicine and is licensed to practice in Minnesota. 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 36-year-old male who reported an injury on 03/15/2011. The mechanism of injury occurred after lifting baskets of aluminum weighing 130 to 160 pounds, and sustaining injuries to his lower back and left shoulder. The clinical note dated 12/30/2013 noted the injured worker presented with complaints of pain in the neck and low back. Upon examination, there was a positive straight leg raise; positive Patrick's test; decreased sensation to light touch on the left foot; weakness noted with left dorsiflexion and left hand grip strength; tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius, and scapular borders bilaterally; and tenderness to palpation over the lumbar paraspinal musculature. The diagnoses were cervicalgia, cervical radiculopathy, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, and left shoulder pain with history of labral tear. Prior therapy included medication and home exercise program. The provider recommended a thoracic epidural steroid injection with fluoroscopy for the L4-5 and L5-S1, and a cervical epidural steroid injection at C7-T1 to avoid surgery and to give the injured worker some pain relief. The Request for Authorization form was not included in the clinical notes for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 and L5-S1 TESI (thoracic epidural steroid injections) with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs) Page(s): 46.

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

**Decision rationale:** The request for L4-5 and L5-S1 thoracic epidural steroid injection with fluoroscopy is non-certified. The California MTUS Guidelines state an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should reveal that the injured worker was initially unresponsive to conservative treatment. The documentation submitted for review stated the injured worker had completed initially recommended conservative treatment, but continued to complain of radiating pain to the left leg, and had decreased light touch sensation, strength, and weakness to the left side. Despite documentation showing persistent radiating symptoms and despite conservative treatment, in the absence of clear corroboration of radiculopathy by physical exam findings and imaging studies or electrodiagnostic test results, and active documentation showing a plan for active therapy following injection, the request is not supported. As such, the request is not medically necessary.

**CESI (cervical epidural steroid injection) at C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs) Page(s): 46.

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

**Decision rationale:** The request for a cervical epidural steroid injection at C7-T1 is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing in a home exercise program. The criteria for use of an ESI are radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be used performing fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. Physical examination revealed weakness noted in left hand. However, there was no evidence of decreased sensation, decreased reflexes, or a positive Spurling's test on either upper extremity. There was an absence of a clear corroboration of radiculopathy by physical exam findings and imaging studies or electrodiagnostic test results. As such, the request is not medically necessary.