

<b>Case Number:</b>	CM14-0030692		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 34-year-old female who sustained an injury to her low back on 06/16/13, after suffering cumulative trauma from her usual and customary job duties as a machine operator at a fabric company. The treatment to date has included physical therapy, chiropractic manipulation treatment, computed tomography (CT) scan, electrocardiogram, medications, home exercise program, and pain management consultation, which all provided minimal benefit. The injured worker continued to complain of right arm pain at 8-9/10 on a visual analogue scale (VAS), radiating and shooting in nature, with associated numbness and tingling. The physical examination noted deep tendon reflexes 2+ in bilateral upper extremities; no evidence of length discrepancy; cranial nerves 2-12 intact; range of motion of cervical spine showed minor limitations; tenderness to posterior cervical musculature; Spurling negative; and a negative distraction test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection at L5-S1: 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 (ESIs) Page(s): 46.

**Decision rationale:** The previous request was denied on the basis that physical examination findings did not correlate with imaging studies indicative of active radiculopathy in L5-S1 dermatomes. The Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the clinical documentation submitted for review, the medical necessity of the request for lumbar epidural steroid injection at L5-S1 has not been established.