

<b>Case Number:</b>	CM14-0040108		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/05/2014

### 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 Nevada. 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 records presented for review indicate that this 31-year-old male was reportedly injured on December 5, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 31, 2014, indicates that there are ongoing complaints of cervical spine pain and left arm pain which are stated to be improving. The physical examination demonstrated cervical paraspinal muscle spasms and a normal upper extremity neurological examination. The treatment plan consisted of reviewing cervical spine films. Diagnostic imaging studies reported disc bulges at C4-C6. Upper extremity nerve conduction studies show a chronic right sided C7 radiculopathy. A request had been made for epidural injections for the lumbar spine and was not certified in the pre-authorization process on March 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (EPIS).

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

**Decision rationale:** According to the most recent progress note dated January 31, 2014, the injured employee complains of neck pain radiating to the left upper extremity which is stated to be improving. There are no abnormal neurological findings of the upper extremities on physical examination. A previous nerve conduction study of the upper extremities showed a right rather than left sided C7 radiculopathy. This request is for an epidural injection for the lumbar spine and there are no complaints of lumbar spine pain. For these reasons this request for an epidural injection of the lumbar spine is not medically necessary.