

<b>Case Number:</b>	CM14-0061067		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 & 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 73 year old male with an injury date of 01/10/07. Based on the 03/24/14 progress report provided by [REDACTED] the patient has diabetic peripheral neuropathy and some radiculopathy. His back is stable and he has greater numbness on his right side than the left side. Sensory examination shows decrease in the feet. The patient describes numbness in his hands at night which wakes him up, and then he shakes his hands and this improves. He has positive Tinel's bilaterally, right greater than left. The 04/02/14 report states that the patient has moderate back pain. He has an active painful range of motion. No MRI findings were provided. [REDACTED] is requesting for one right epidural steroid injection at L5 with fluoroscopy as an outpatient. The utilization review determination being challenged is dated 04/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/23/13- 06/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right epidural steroid injection at L5 with fluoroscopy as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 03/24/14 progress report provided by [REDACTED], the patient has diabetic peripheral neuropathy and some radiculopathy. The request is for one right epidural steroid injection at L5 with fluoroscopy as an outpatient. There is no indication of any previous lumbar epidural steroid injections. MTUS guidelines state, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there were no MRI's showing nerve root lesion, no dermatomal distribution of pain down the leg and examination do not show evidence of radiculopathy. Therefore the request for one right epidural steroid injection at L5 with fluoroscopy as an outpatient is not medically necessary and appropriate.