

<b>Case Number:</b>	CM14-0066938		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/12/1981
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 injured worker is a 55-year-old male who was reportedly injured on 4/12/1981. The mechanism of injury was not listed in these records reviewed). The most recent progress note dated 7/7/2014, indicated that there were ongoing complaints of neck and low back pain radiating to bilateral lower extremities. The physical examination demonstrated cervical spine positive tenderness to palpation and muscle spasm noted at the paravertebral muscles, positive axial compression test, positive Spurling's test, and range of motion limited with pain. No clinical evidence of stability on exam. Question that this is administrative error, which should read instability. Lumbar spine had positive tenderness to palpation of paravertebral muscles with spasm noted. Seated nerve root test was positive. Limited range of motion. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for epidural steroid injection at L4 and was not certified in the pre-authorization process on 4/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Epidural Injection at L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there is no documentation of (radiculopathy). As such, the requested procedure is medically necessary.