

<b>Case Number:</b>	CM14-0081667		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 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 injured worker is 29 year old female injured on September 16, 2013 due to lifting a patient. The most recent treating physician progress note, dated May 19, 2014, indicates the injured worker continues to complain of neck and low back pain. Neck pain level is rated 9/10 on the visual analog scale without medications and 5-6/10, on the visual analog scale with medications. Low back pain is 9/10 and 6/10 after taking medications. Medications include Naprosyn, Pantoprazole, Soma, Norco 10/325, Terocin patches, and topical creams. Lumbar spine objective findings include myospasm with associated 1 + tenderness of the lower erector spine muscles bilaterally. Positive Kemp's Test with associated pain and discomfort. Decrease in range of motion with end range of motion pain in flexion, extension, right/left rotation, and right/left lateral flexion. Objective findings of cervical spine include myospasm with associated 1+ positive tenderness of the paracervical muscles bilaterally. Decreased range of motion noted in flexion, extension, adduction, abduction, internal rotation and external rotation. Diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, and lumbar disc herniation. Clinical note dated November 6, 2013 states MRI of lumbar spine on October 9, 2013, showed no evidence of disk protrusions or abnormalities. Previous utilization review, dated May 12, 2014, denied request for Epidural Steroid Injections (ESI) Lumbar Spine, x 3 series.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injections (ESI) Lumbar Spine, x 3 series: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

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

**Decision rationale:** Per guidelines, Epidural steroid injections (ESIs), recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per guideline criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. There is little to no clear evidence of lumbosacral radiculopathy. There is no imaging evidence of nerve root compression. There is no documentation of trial and failure of conservative treatment such as physical therapy. Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.