

<b>Case Number:</b>	CM14-0084669		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Management and is licensed to practice in Tennessee. 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 57-year-old male who has submitted a claim for cervicalgia, lumbosacral neuritis, spondylosis, lumbar spinal stenosis, anxiety, depression, and insomnia associated with an industrial injury date of 11/17/2008. Medical records from 5/23/14 were reviewed showing that as per UR, the patient continues to have pain in the neck, shoulder, low back, bilateral knees, and bilateral ankle with complaints of depression. Physical examination showed tenderness over the lumbar spine with decreased sensation over L5 and S1 dermatomes. MRI of the lumbar spine showed degenerative changes and stenosis, but no overt disc herniation. There were no dermatomal signs noted in L5-S1. No treatment was documented. Utilization review from 5/30/2014 denied the request for Outpatient L5-S1 transforaminal epidural steroid injection to be performed by [REDACTED]. The case does not appear to meet all the requisite criteria for radiculopathy for an ESI. Radiculopathy was not documented. Objective findings on examination need to be present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient L5-S1 transforaminal epidural steroid injection:** Upheld

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

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

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the only report available was from a psychological evaluation dated 05/23/2014. Per utilization review, patient did not exhibit signs and symptoms of focal neurologic dysfunction to warrant ESI. The official MRI result was likewise not available for review. The medical necessity cannot be established due to insufficient information. Moreover, it was not mentioned whether the patient received prior ESIs. In addition, there was no evidence that conservative treatment was initially utilized since no previous treatment documentation was made available. Therefore, the request for OUTPATIENT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION is not medically necessary.