

<b>Case Number:</b>	CM14-0088721		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 53 year old female who was injured on 9/25/2012. The diagnoses are cervical radiculopathy, lumbar radiculitis, and upper extremity pain. There are associated diagnoses of fibromyalgia, rheumatoid arthritis and insomnia. The patient completed PT, water therapy, massage and acupuncture treatments. The EMG/NCV showed mild right L5 radiculopathy, axonal polyneuropathy and left meralgia paresthetica. The X-ray of the left shoulder showed tendinosis. [REDACTED] noted that the patient complained of entire body pain including all muscles and joints. On 4/8/2014, [REDACTED] noted objective findings of positive straight leg raising and SI joint provocative tests. The pain complaint was primarily located in the neck. The pain score was rated at 8/10 on a scale of 0 to 10. The patient was referred for psychiatry consult for evaluation of ongoing Depression, Anxiety, Stress and Insomnia complaints. On 5/13/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities and low back radiating to the lower extremities. There were objective findings of diffuse tenderness of the lumbar sacral muscles and facet joints. The medications are Voltaren and Norco for pain. A Utilization Review determination was rendered on 8/8/2014 recommending non-certification for bilateral L5-S1 transforaminal epidural steroid injection X2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral 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 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back. Stress and Mental Illness

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to standard treatment with medications and PT. The records indicate the patient is complaining of generalized total body pain. The patient had related to many providers that the neck and muscle pain was more significant than the low back pain. There is a significant history of fibromyalgia, rheumatoid arthritis and psychosomatic disorders. The patient was recently referred for psychiatry evaluation and treatment. The records did not show that the patient have failed conservative treatments with antidepressant analgesics or anticonvulsants that are effective for fibromyalgia and chronic pain syndrome. The criteria for bilateral L5-S1 Transforaminal Epidural Steroid Injection x 2 have not been met therefore; this request is not medically necessary.