

<b>Case Number:</b>	CM15-0006275		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 9/19/13 with subsequent ongoing neck and low back pain. Treatment included physical therapy and medications. Magnetic resonance imaging of the cervical spine showed disc protrusion at C4-5 and C5-6. Magnetic resonance imaging lumbar spine showed disc protrusion and L4-5 and L5-S1. EMG/NCV was normal. In a PR-2 dated 11/11/14, the injured worker complained of pain to the neck, mid back and low back with radiation across bilateral shoulders and down the left lower extremity to the foot. The injured worker reported that his leg gave way frequently and that he has fallen secondary to his leg giving out. Physical exam was remarkable for tenderness to palpation to the cervical and lumbar spine with spasms and decreased range of motion and intact sensory, motor and reflex exam throughout. The treatment plan included epidural steroid injections, physical therapy three times a week for four weeks, continuing current medication regimen and a cane to be used with the left hand. On 1/3/15, Utilization Review noncertified a request for left L4-S1 epidural steroid injection with monitored anesthesia care citing CA MTUS Chronic Pain Medical Treatment Guidelines and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-S1 epidural steroid injection with monitored anesthesia care: Upheld**

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

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.