

<b>Case Number:</b>	CM15-0136495		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male who sustained an industrial injury on 08/28/13. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar epidural steroid injection, right knee surgery, and physical therapy. Diagnostic studies include MRIs of the cervical, thoracic, and low spine, as well as a MRA of the right knee. Current complaints include pain in the cervical and lumbar spine and right knee. Current diagnoses include lumbar spine strain, left facet joint arthropathy, left sacroiliac joint dysfunction, sleep disturbance due to chronic pain, right knee derangement, right shoulder tendinosis, and right upper extremity radiculitis. In a progress note dated 06/03/15 the treating provider reports the plan of care as Elavil and Norco, as well as a cervical epidural steroid injection. The requested treatment includes a cervical epidural steroid injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI @ C7/T1 level under fluoro:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury in August 2013 and continues to be treated for neck, low back, and right knee pain. When seen, there was decreased lumbar spine range of motion and tenderness. There was left sacroiliac joint tenderness with positive left Fortin sign. There was positive left lumbar facet testing. There was decreased right upper extremity strength. An MRI of the cervical spine in February 2014 included findings of multilevel disc protrusions with mild to moderate canal and foraminal stenosis with right lateralization. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right upper extremity strength and imaging findings in February 2014 corroborate findings of right cervical radiculopathy. The requested epidural steroid injection is medically necessary.