

<b>Case Number:</b>	CM15-0043449		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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:

The injured worker is a 45 year old male who sustained a work related injury April 17, 2013. While lifting a heavy piece of corrugated metal off the line, he felt a snap in his neck and left shoulder with pain in his upper back. He was initially treated with chiropractic therapy for sprained muscles. Past history included hypertension, alcohol recovery since February 2, 2014, and depression/anxiety. According to a pain physician's follow-up office visit notes, dated February 17, 2015, the injured worker presented after cervical epidural injection, left side, performed February 11, 2015 with 20% pain relief. He is complaining of neck pain, lower back pain, left and right upper and lower extremity pain, rated 8/10. Diagnoses included cervicalgia; thoracic or lumbosacral neuritis or radiculitis, not otherwise specified; and chronic pain syndrome. Treatment plan included schedule for a right sided cervical ESI (epidural steroid injection) C6-7, C7-T1 and medications dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lumbar ESI L5-S1 As An Outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The patient presents with neck pain, lower back pain, and bilateral upper and lower extremity pain rated 7/10. The pain in the lower extremities is characterized by numbness and burning. The patient's date of injury is 04/17/13. Patient is status post cervical epidural steroid injection on the left side on 02/11/15. The request is for RIGHT LUMBAR ESI L5-S1 AS AN OUTPATIENT. The RFA was not provided. Physical examination dated 01/29/15 reveals tenderness to palpation of the lumbar paraspinal muscles bilaterally, tenderness over the spinal processes L1 through L5, positive straight leg raise test bilaterally at 30 degrees. Neurological examination reveals decreased strength in the bilateral lower extremities. The patient is currently prescribed Cyclobenzaprine, Gabapentin, Pantoprazole, Percocet, Butrans, Cymbalta, Cetirizine, and Lisinopril. Diagnostic imaging included X-ray of the lumbar spine dated 08/20/14, significant findings include: "Mild anterior listhesis of L5 on S1 with minimal disc space narrowing." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the treater is requesting what appears to be this patient's first lumbar ESI to date. Progress report dated 01/29/15 discusses the failure of conservative therapies to manage this patient's pain, as well as neurological findings in the bilateral lower extremities. However, no diagnostic imaging which corroborates discopathy at the requested levels was provided. The only imaging of the lumbar spine was an X-ray with findings which do not clearly support an ESI at the indicated levels. While this patient does present with significant pain, without diagnostic imaging or electrodiagnostics which clearly shows discopathy or nerve compression at L5 and S1, a lumbar ESI cannot be substantiated. The request IS NOT medically necessary.