

<b>Case Number:</b>	CM15-0060956		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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:

This 66 year old female sustained an industrial injury to the head, neck, back, right shoulder, right extremity, bilateral hips and bilateral knees on 8/27/13. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit, epidural steroid injections, home exercise and medications. In a visit note dated 3/5/15, the injured worker complained of neck pain with radiation to bilateral arms and back pain with radiation to bilateral legs. Current diagnoses included low back pain and extremity pain. Current medications included Tylenol, Lisinopril, Tramadol, Tylenol EX, Neurontin, Humulin, Mapap, Norco and Simvastin. The treatment plan included starting a coping skills group, x-rays of the lumbar spine and transforaminal lumbar epidural injection bilateral L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural injection bilateral L4-L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury in August 2013 and continues to be treated for radiating neck and low back pain. An MRI of the lumbar spine has shown stenosis at L4/5 and EMG/NCS testing was consistent with right L4 and right C6 or C7 radiculopathy. Spurling's testing and straight leg raising were positive. Requests for a cervical epidural steroid injection and lumbar epidural steroid injection were submitted. 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 positive neural tension signs and imaging and EMG/NCS testing have shown findings consistent with the presence of radiculopathy. Prior conservative treatments have been extensive and included physical therapy, chiropractic care, acupuncture, and medications. In this case, the criteria for both requests are met and the requested epidural steroid injections are therefore considered medically necessary.

**Cervical epidural steroid injection C7-T1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury in August 2013 and continues to be treated for radiating neck and low back pain. An MRI of the lumbar spine has shown stenosis at L4/5 and EMG/NCS testing was consistent with right L4 and right C6 or C7 radiculopathy. Spurling's testing and straight leg raising were positive. Requests for a cervical epidural steroid injection and lumbar epidural steroid injection were submitted. 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 positive neural tension signs and imaging and EMG/NCS testing have shown findings consistent with the presence of radiculopathy. Prior conservative treatments have been extensive and included physical therapy, chiropractic care, acupuncture, and medications. In this case, the criteria for both requests are met and the requested epidural steroid injections are therefore considered medically necessary.