

<b>Case Number:</b>	CM14-0120088		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 47 year old male who sustained a work injury on 5-26-09. The claimant is status post ACDF (anterior cervical discectomy and fusion) on 7-13-13, status post PLIF (posterior lumbar interbody fusion) at L5-S1 on 4-5-14. The claimant has also undergone right shoulder arthroscopic surgery on 8-6-12. Office visit on 6-11-14 notes the claimant was awaiting authorization for aquatic therapy. His current medications included Norco and Voltaren. On exam, the claimant had tenderness to palpation at the paraspinal muscles with limited range of motion. Physical exam of the lumbar spine showed a well healed scar, tenderness to palpation at the lumbar spine, positive SLR (straight leg raise). The claimant had decreased sensation in the S1 nerve distribution without evidence of motor weakness or reflex asymmetry.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic Epidural steroid injection at the levels T11 to T12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines note that to perform epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is an absence in documentation noting that this claimant has radiculopathy at the T11-T12 level. Therefore, the medical necessity of this request is not established.