

<b>Case Number:</b>	CM14-0121904		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care 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:

The records presented for review indicate that this 49-year-old female was reportedly injured on 10/10/2011. The most recent progress note, dated 6/23/2014, indicated that there were ongoing complaints of neck pain, bilateral upper extremity pain, and low back pain. The physical examination was handwritten and stated positive Spurling's test, decreased range of motion of the lumbar spine, and pain with range of motion. There were also positive paraspinal spasm, positive impingement, and positive radiculopathy. No recent diagnostic studies were available for review. Previous treatment included cervical epidural steroid injection (January 31, 2013 that had about a 50% pain reduction reported within two weeks of injection and one on May 14, 2014 that produced moderate relief of 50%), a lumbar epidural steroid injection (2012), physical therapy, medications, and conservative treatment. A request had been made for lumbar epidural steroid injection and was not certified in the pre-authorization process on 7/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar epidural injection under fluoroscopic guidance:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS, the clinical evidence presented does not support the request. There is documentation of radiculopathy with decreased sensation in Right L4 and L5 dermatomes combined with weakness of right foot dorsiflexion. The treating physician's note of 5/27/14 refers to a lumbar injection one year ago from which was reported "significant benefit," with no specific details as to the degree or duration of benefit. Furthermore the treating physician has failed to specify which level was injected. As such, the requested procedure is deemed not medically necessary.