

<b>Case Number:</b>	CM14-0133102		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 56-year-old male who sustained a work injury on 9-29-11. Office visit on 6-20-14 notes the claimant reports neck and low back pain rated as 6-7/10. It is associated with weakness and numbness in the arms and legs and radiates to the shoulder, hands, and legs. On exam, the claimant has tenderness, guarding, and spasms over the paravertebral region. SLR is positive bilaterally. There is decreased strength and restricted range of motion due to pain and spasms. Strength is 4/5 with flexion, extension, and bilateral bend.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Upheld

**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 Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Epidural Steroid Injection

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that in order to perform an 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 radicular findings on exam. Additionally, the request is for nonspecific levels, which is not supported per current treatment guidelines. Therefore, the medical necessity of this request is not established.