

<b>Case Number:</b>	CM14-0160177		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/04/2007
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 64 year-old female with date of injury 05/04/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/07/2014, lists subjective complaints as pain in the neck with radicular symptoms down the arms and low back pain with radicular symptoms down the bilateral legs. Patient has had two previous epidurals. The first one lasting about a year, the second about 6 months. Objective findings: Examination of the cervical spine revealed patient was non tender of the spine itself but had tenderness on the paravertebral muscles on the right side of the cervical spine. Highly decreased flexion and fairly full extension; decreased rotation bilaterally. Negative Spurling's. Examination of the lumbar spine revealed extreme tenderness about the upper lumbar spine. Decreased range of motion. Positive sustained hip flexion. Negative straight leg raising. Range of motion of the hips was normal. Deep tendon reflexes of the upper and lower extremities were 2+. Strength for upper extremities was 5/5, and 4/5 for lower extremities. Decreased sensation in L5 distribution bilaterally. Diagnosis: 1. Lumbosacral neuritis 2. Cervicalgia 3. Lumbago 4. Sciatica 5. Brachial neuritis 6. Cervical disc degeneration 7. Pain in thoracic spine 8. Lumbar disc displacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI at L5-S1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient is currently in the therapeutic phase and the 2 previous lumbar epidural steroid injections have met the criteria within the proper timeframe for a repeat injection. I am reversing the previous utilization review decision.