

<b>Case Number:</b>	CM14-0098740		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/03/2003
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 5/3/03 date of injury. At the time (6/4/14) of request for authorization for L4-L5, L5-S1 Transforaminal Epidural Steroid Injection (TFESI), there is documentation of subjective (neck, left shoulder, and low back pain) and objective (restricted cervical and lumbar range of motion, Spurling's maneuver causing radicular symptoms (right arm), increased neck pain during range of motion laterally and with head tilt, tenderness to palpitation over the lumbar paravertebral muscles, and diminished sensation over the medial leg on the left) findings, imaging findings (reported MRI of lumbar spine (unspecified date) revealed lumbar facet arthropathy, central disc extrusion measuring 9mm touching bilateral L5 nerve root; report not available for review), current diagnoses (pain in shoulder joint, displacement of cervical intervertebral disc without myelopathy, displacement of thoracic/lumbar intervertebral disc without myelopathy, cervicgia, cervicobrachial syndrome, and brachial neuritis/radiculitis), and treatment to date (activity modifications, medications, TENS units, and physical therapy). There is no specific (to a nerve root distribution) documentation of subjective and objective radicular findings in each of the requested nerve root distributions, and imaging report at each of the requested levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5, L5-S1 Transforaminal Epidural Steroid Injections (TFESI): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** According to the records made available for review, this is a 60-year-old male with a 5/3/03 date of injury. At the time (6/4/14) of request for authorization for L4-L5, L5-S1 Transforaminal Epidural Steroid Injection (TFESI), there is documentation of subjective (neck, left shoulder, and low back pain) and objective (restricted cervical and lumbar range of motion, Spurling's maneuver causing radicular symptoms (right arm), increased neck pain during range of motion laterally and with head tilt, tenderness to palpitation over the lumbar paravertebral muscles, and diminished sensation over the medial leg on the left) findings, imaging findings (reported MRI of lumbar spine (unspecified date) revealed lumbar facet arthropathy, central disc extrusion measuring 9mm touching bilateral L5 nerve root; report not available for review), current diagnoses (pain in shoulder joint, displacement of cervical intervertebral disc without myelopathy, displacement of thoracic/lumbar intervertebral disc without myelopathy, cervicalgia, cervicobrachial syndrome, and brachial neuritis/radiculitis), and treatment to date (activity modifications, medications, TENS units, and physical therapy). There is no specific (to a nerve root distribution) documentation of subjective and objective radicular findings in each of the requested nerve root distributions, and imaging report at each of the requested levels. The request is not medically necessary.