

<b>Case Number:</b>	CM15-0015941		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 52 year old female who sustained an industrial related injury on 10/8/10. The injured worker had complaints of neck, shoulder, and back pain with numbness and tingling into the leg. Diagnoses included residuals of musculo-ligamentous cervical and lumbosacral strain and status post left shoulder arthroscopy with residuals, left shoulder adhesive capsulitis with post manipulation treatment on 7/19/12. Physical examination findings revealed positive Patrick's test, facet loading, and Spurling's tests. Decreased sensation to light touch in the left ankle, foot, and bilateral hands was noted. Tenderness was noted over cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanteric bursa, knees, and shoulders. Tinel's sign was positive in bilateral wrists. Diagnoses were noted to be cervicalgia, cervical radiculopathy, cervical facet dysfunction, shoulder pain, history of left shoulder surgery, carpal tunnel syndrome of bilateral wrists, lumbago, lumbar radiculopathy, lumbar disc protrusion, sacroiliac joint dysfunction, anxiety, depression, and myalgia. The 2011 MRI of the lumbar spine showed multilevel disc bulge. The 2013 EMG showed left L4 and L5 radiculopathy. The medications listed are Naproxen, Elavil, gabapentin and omeprazole. The patient completed chiropractic, PT acupuncture treatments and the use of TENS unit. The treating physician requested authorization for a left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy. On 1/8/15 the request was non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no comprehensive assessment of treatment completed

or the injured worker's response. There were also no recent imaging studies or electrodiagnostic results. Therefore the request was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left L4-L5, L5-S1 transforaminal epidural steroid injection (TFESI) under fluoroscopy:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46.

**Decision rationale:** The CA MTUS recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient completed physical treatments and medications management. There are subjective, objective, radiological and EMG findings consistent with lumbar radiculopathy. The clinical conditions indicate that the patient is experiencing exacerbation of the lumbar radiculopathy. The requests for further physical treatments and evaluation are pending authorization. The criterion for left L4-L5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy was met.