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| <b>Case Number:</b>   | CM15-0117442 |                              |            |
| <b>Date Assigned:</b> | 06/30/2015   | <b>Date of Injury:</b>       | 10/21/2007 |
| <b>Decision Date:</b> | 07/29/2015   | <b>UR Denial Date:</b>       | 05/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 47 year old man sustained an industrial injury on 10/21/2007. The mechanism of injury is not detailed. Evaluations include cervical spine MRIs dated 1/25/2010 and 8/27/2013, thoracic spine MRI dated 8/8/2008, lumbar spine MRI dated 1/25/2010, right hip x-rays dated 7/24/2012. Diagnoses include chronic neck pain, chronic thoracic pain, chronic low back pain, right hip pain, coccyxdynia, and right knee pain. Treatment has included oral medications. Physician notes dated 5/11/2015 show complaints of cervical spine pain rated 6/10, low back pain rated 6/10 with radicular pain to the bilateral lower extremities, thoracic and mid-back pain with spasms and radicular pain in the bilateral arms. Recommendations include thoracic or lumbar epidural block, Duragesic patch, taper MS Contin, Zorvilax, increase Fentanyl patch, Colace, Cymbalta, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interventional care ESI:** Upheld

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

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

**Decision rationale:** The claimant sustained a work-related injury in October 2011 and continues to be treated for chronic spine pain included upper extremity and lower extremity radicular symptoms. When seen, pain was rated at 6/10. There was a slightly antalgic gait. There was lumbar facet pain with palpation and with rotation and extension and there were trigger points. There was no examination of the thoracic spine. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings that would support a diagnosis of thoracic or lumbar radiculopathy and the requested interventional care for an epidural steroid injection was not medically necessary.