

<b>Case Number:</b>	CM15-0122952		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male with an industrial injury dated 04/20/2010. The injury is documented as occurring when he was breaking up a fight between two students when one student tossed him around causing him to hit the wall, floor and some chairs. His diagnoses included thoracic 6-7 and thoracic 7-8 disc protrusions, lumbar spondylosis, myofascial pain syndrome and thoracic spondylosis. A comorbid diagnosis was melanoma. Prior treatment to date included physical therapy, medication and corticosteroid injection. He was not currently working. He presents on 05/04/2015 with complaints of pain in left shoulder, elbow, left thumb and thoracic spine. He describes the pain as aching and constant with numbing pain to the left leg. Physical exam revealed painful range of motion of the thoracic and lumbar spine. There was tenderness noted at lumbar paraspinal and thoracic paraspinal. There was minimal positive bilateral facet loading in lumbar spine. Sensory and motor were normal in bilateral lower extremities. His medications were Tylenol and Tramadol. Treatment plan included epidural steroid injection and medications to include Neurontin. Work status was temporarily totally disabled. Treatment request is for interlaminar epidural steroid injection times 3 under fluoroscopy at thoracic 12-lumbar 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar epidural steroid injection x3 under fluoroscopy at T12-L1: Upheld**

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

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Additionally the request is for a series of 3 injections; MTUS specifically does not recommend a series of 3 injections currently. This request is not medically necessary.