

<b>Case Number:</b>	CM15-0040564		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: California, Washington

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:

The injured worker is a 58-year-old female who reported an injury on 01/08/2014. The current diagnoses include chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological/general medical condition, insomnia, and chronic neck pain with degenerative cervical spondylosis. The injured worker presented on 01/04/2015 for a followup evaluation with complaints of persistent cervical and lumbar pain. It was noted that the injured worker was pending authorization for a thoracic epidural steroid injection as well as preoperative clearance for orthopedic surgery. Upon examination, there was palpable muscle spasm in the bilateral upper extremities, sensory loss/alteration in the T4 region, and difficulty lifting and holding up the arms. Recommendations at that time included epidural steroid injection and cardiac clearance, as well as continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/22/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Transformaminal Epidural Steroid Injection T4 fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of a specific myotomal deficit, nor any reflex changes. It is noted that the injured worker has a sensory deficit in the T4 dermatome with subjective complaints of generalized arm weakness; however, there was also no mention of a recent exhaustion of conservative management in the form of exercise/active rehabilitation. The injured worker was previously issued authorization in 09/2014 for a left T4 epidural steroid injection. There was no documentation provided regarding the injection and whether the patient had been previously treated with the epidural steroid injection. Based on the information received and the above mention guidelines, the request is not medically appropriate.