

<b>Case Number:</b>	CM15-0092870		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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:

The injured worker is a 49 year old male who sustained an industrial injury on June 15, 2008. He has reported cervical spine pain and right shoulder pain and has been diagnosed with elbow pain, shoulder pain, and hand pain. Treatment has included medications, physical therapy, and chiropractic care. Cervical range of motion was restricted. On examination of the paravertebral muscle, spasm, tenderness, and trigger point is noted on the right side. Tenderness is noted at the paracervical muscles and trapezius. Trigger point with radiating pain and switch response on palpation at the cervical paracervical muscles on right and left trapezius muscle right. Right shoulder muscles are restricted with flexion. Hawkin's test was positive. There was a positive Neer's test. Elbow and wrist had restricted range of motion limited by pain. The treatment request included an epidural steroid fluoroscopic injection L3-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid fluoroscopic injection at L3-S1:** 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, p46.

**Decision rationale:** The claimant sustained a work injury in June 2008 and continues to be treated for neck and low back pain. When seen, there was lumbar spine and paraspinal tenderness with positive facet loading. There was a normal neurological examination with negative straight leg raising. 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 symptoms or physical examination findings that would support a diagnosis of lumbar radiculopathy and therefore an epidural steroid injection is not medically necessary.