

<b>Case Number:</b>	CM13-0035328		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44-year-old female who reported an injury on 05/18/2012. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar strain, right paracentral disc herniation, status post right shoulder SLAP repair, cervical strain, cervical disc protrusion, mild bilateral facet arthropathy at C3-5, mild bilateral spondylosis at C3-5, and mild right C7 and C8 radiculopathy with acute denervation. It is noted that the injured worker underwent right shoulder surgery in 08/2012. Previous conservative treatment includes physical therapy and chiropractic treatment for the lumbar spine, as well as a lumbar epidural steroid injection in 07/2013. The injured worker was evaluated on 09/04/2013 with complaints of persistent neck pain, right shoulder pain, and severe lower back pain with radiation into the right lower extremity. Physical examination revealed moderately decreased lumbar range of motion with no motor deficits. Treatment recommendations at that time included continuation of the current medication regimen and a lumbar epidural steroid injection. It is noted that the injured worker has undergone an MRI of the lumbar spine on 10/02/2013, which indicated mild disc desiccation at L5-S1 with a mild loss of posterior intervertebral disc height. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

**Decision rationale:** California MTUS Guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain, with use in conjunction with active rehabilitation efforts. Repeat blocks are based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. As per the documentation submitted, the injured worker's physical examination does not reveal any evidence of radiculopathy. There was no documentation of motor weakness or sensory deficits. Additionally, the injured worker has undergone a previous lumbar epidural steroid injection. However, there was no objective evidence of functional improvement or a reduction of medication use for 6 to 8 weeks following the initial injection. There is also no specific level at which the epidural steroid injection will be administered listed in the request. Based on the clinical information received, the medical necessity has not been established. Therefore, the request is not medically appropriate.