

<b>Case Number:</b>	CM13-0046903		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 patient is a 35-year-old male who was injured on June 18, 2013 when he fell from a ladder and landed on his buttocks. The patient continued to experience left neck, shoulder, and arm pain, bilateral abdominal pain, and low back pain. Physical examination did not show any motor deficits. There was decreased sensation on the left side and left straight leg raise was positive. The MRI of the lumbar spine done on August 22, 2013 showed multilevel disc bulging. At L5-S1 there was obliteration of the left lateral recess with posterior compression of the left S1 root. The diagnoses included cervical and lumbar strain, lumbar spine disc bulge, lumbar spine radiculopathy, and post-traumatic myofascial pain syndrome. The treatment included acupuncture, physical therapy, chiropractic therapy, and medications. Acupuncture, physical therapy, and chiropractic therapy had not been helpful. Request for authorization for lumbar epidural spinal injection was submitted on September 25, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. The current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The [REDACTED] [REDACTED] recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of epidural steroid injections state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case there is no documentation on physical examination of radiculopathy. The documentation states that the pain in the patient's back radiates to his left hip and tingling in his left leg. S1 pain radiates to the back of the thigh, lateral leg, and foot. The criteria for the use of epidural steroid injections have not been met.