

<b>Case Number:</b>	CM13-0049545		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

This is 42-year-old male patient who reported an industrial injury to the left shoulder and lower back on 1/20/2011, over 3 years ago, attributed to the performance of customary job tasks. The patient was diagnosed with left shoulder impingement syndrome with bicipital tendinitis and rotator cuff/AC joint inflammation and lumbar spine DDD with radiculopathy; and discogenic cervical condition with upper extremity radicular components, facet inflammation, and muscle tightness. The patient complained of low back and left shoulder pain, which occurs on a daily basis and increases with cold weather. The patient reported spasms of the left shoulder with numbness and tingling. The patient reported continuous back pain. The patient was noted to have prior corticosteroid injections the left shoulder without sustained relief. The objective findings on examination included no acute distress; left shoulder abduction to 85; right upper extremity abduction to 160; tenderness to the low back. An MRI of the lumbar spine dated 1/7/13 showing 2-mm disk bulge without impingement at L3-4, central disk bulge at L4-5 measuring 4 mm without canal or foraminal stenosis, and L5-S1 broad-based disk bulge 3 mm with mild right-sided and moderate left-sided foraminal narrowing. An MRI of the lumbar spine was not included however was discussed in the records dated 5/3/12 showing a broad-based central disk herniation at L4-5 measuring 3 mm with mild central canal stenosis. At L5-S1 there was disk desiccation, central disk herniation measuring 4 mm with probable annular tearing with mild narrowing of the foramina bilaterally. On 2/8/12, electrodiagnostic studies showed no evidence of lumbosacral radiculopathy. The treatment plan included Acetadryl #50 for insomnia; lighted procreating for topical use; Neurontin 600 mg #90; tramadol ER 150 mg #30. The patient was prescribed a lumbar spine epidural steroid injection directed to lumbar spine DDD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LUMBAR SPINE ESI.

**Decision rationale:** The prior adverse determination was reviewed for lack of any documented objective radiculopathy, no imaging evidence of anatomic impingement and no clear description of conservative treatments. The records were reviewed stating left shoulder and low back pain. There was "numbness" along the left greater than right leg. The note from 6/5/13 states that the patient "had therapy and injections" without any relief. This is not entirely clear. The claimant was requesting surgery. Radiculopathy including pain in a dermatomal distribution or any motor, reflex, or sensory changes in the corresponding nerve root segment has not clearly been established. There is no clear anatomic impingement or stenotic lesion noted on the MRI's. Electrodiagnostic studies showed no evidence of lumbosacral radiculopathy. The California MTUS and ACOEM Practice Guidelines Low Back Complaints: ACOEM Low Back Chapter does not support epidural injection treatment in the absence of an objective radiculopathy in the management of injuries to the back, and then only in an effort to avoid surgery. For the reasons above, medical necessity was not established. Therefore, the request is not medically necessary.