

<b>Case Number:</b>	CM14-0018597		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient was injured on April 7, 2011. The patient continued to experience pain in his neck, mid-back, low back, bilateral shoulder, and left groin. Physical examination was notable for tenderness in the spinous processes of L5/S1, and paraspinal muscle tenderness in the cervical and lumbar spines. Documentation of motor strength and sensation are not available. Diagnoses included thoracic sprain/strain, degeneration of lumbar intervertebral disc, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral ulnar nerve entrapment, and bilateral carpal tunnel syndrome. Treatment included medications. Request for authorization for epidural injection of the lumbar spine at L4-5 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL INJECTION OF THE LUMBAR SPINE L4-5 (ONE) 1 X 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES 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). 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 American Academy of Neurology 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. In this case documentation of radicular pain is not present. No history of radicular pain is documented. Documentation of corroborative radiographic findings is not present. Medical necessity is not established. The request for Epidural Injection of the Lumbar Spine L4-5 (One) 1 X 1 is not Medically Necessary.