

<b>Case Number:</b>	CM14-0113779		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 08/13/2012. The mechanism of injury was noted to be the injured worker's right foot got caught causing her to fall down 14 steps and strike her head on the railing and injure the remainder of her body of the floor. Surgical history was not provided. The injured worker's medications included Protonix 20 mg, Anaprox 550 mg, and tramadol 150 mg. Other therapies included physical therapy, medications, and extracorporeal shockwave treatments. The injured worker underwent x-rays of the cervical spine and lumbosacral spine, as well as bilateral shoulders, right knee, and pelvis. The clinical documentation indicated the injured worker underwent an MRI of the lumbar spine on 05/02/2014 which revealed there was disc desiccation at L3-4 with a posterior disc protrusion and mild bilateral facet arthropathy resulting in mild bilateral neural foraminal narrowing. There was no spinal canal stenosis. At L4-5, the disc was desiccated and there was moderate disc height loss. There was a 3 mm to 4 mm posterior disc osteophyte and moderate and severe bilateral facet arthropathy resulting in moderate foraminal narrowing. There was no sign of spinal canal stenosis. The documentation of 07/09/2014 revealed the injured worker had complaints of low back pain, cervical pain, right shoulder pain, and right knee pain. The documentation indicated additional medications included cyclobenzaprine 7.5 mg 3 times a day. The injured worker's spasms were noted to be refractor to physical therapy, activity modification, stretching, TENS unit, and home exercises, as well as cold and heat. The objective findings revealed the injured worker had spasms of the lumbar paraspinal musculature and cervical trapezius and calf musculature. The diagnoses included medial meniscus tear right knee, right shoulder impingement, protrusion L3-4 and L4-5, and median neuropathy. The treatment plan included a trial of an epidural steroid injection for the radicular component that remained

refractory. The physician documented the injured worker underwent an EMG/NCV of the bilateral lower extremities which was unremarkable. There was no request for authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trial of epidural steroid injections at the L3-L4 and L4-L5 levels:** 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 Epidural Steroid Injection, Page(s): 46.

**Decision rationale:** The California Medical Treatment & Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy that are corroborated by imaging studies or electrodiagnostic studies and there should be documentation the injured workers pain was nonresponsive to physical methods, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicate the injured worker's pain was unresponsive to conservative care. There was a lack of documentation of objective myotomal or dermatomal findings. There was no MRI submitted for review to support radiulopathy. Additionally, the physician documentation indicated the EMG was within normal limits and the EMG was not supplied. Given the above and the lack of documentation, the request for trial of epidural steroid injections at L3-4 and L4-5 is not medically necessary.