

<b>Case Number:</b>	CM14-0158623		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Pain Management, 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 36 year old female with a date of injury on 3/12/2009. She had a urine drug testing on 12/16/2013 which detected citalopram/escitalopram which was not consistent with her prescribed medications. She also underwent magnetic resonance imaging (MRI) of the right shoulder on 12/30/2013 which revealed (a) acromion: flat. Laterally downsloping. (b) Acromioclavicular joint: osteoarthritis. (c) supraspinatus: tendinosis, and (d) infraspinatus: tendinosis. Magnetic resonance imaging (MRI) of the lumbar spine revealed (a) disc desiccation at L4-L5 and L5-S1 with associated loss of disc height, (b) L4-L5: broad-based disc protrusion with superimposed focal central disc protrusion which cause stenosis of the spinal canal. Hypertrophy of the right facets and ligamentum flavum noted. Disc material and facet hypertrophy cause stenosis of the right neural foramen. Disc measurement: Neutral: 4-mm previous disc measurements: neutral: 5-mm; flexion 4.5-mm; extension 4.5-mm). (c) L5-S1: broad-based disc protrusion with superimposed moderate focal central disc protrusion which cause stenosis of the spinal canal. Hypertrophy of the right facets and ligamentum flavum noted. Disc material and facet hypertrophy cause stenosis of the right neural foramen. Disc measurement: Neutral: 4-mm (previous disc measurements: neutral 3.5-mm; flexion 3.5-mm; extension 2.8-mm). and (d) hemangioma at L4. Records dated 1/27/2014 notes that the injured worker complained of low back pain radiating to the bilateral lower extremities with associated numbness. Pain was rated as 10/10 but was decreased to 7-8/10 with medications. She also complained of neck pain radiating to the bilateral upper extremities with numbness. She rated her neck pain as 10/10 and was decreased to 7-8/10 with medications. She also complained of bilateral shoulder pain and wrist pain, right greater than left, with numbness. She rated her pain as 10/10 but would go down to 7-8/10 with medications. Cervical spine examination noted pain, tenderness, and spasm with decreased range of motion. Lumbar spine examination noted pain,

tenderness and spasm over the lumbar musculature with decreased range of motion. Shoulder examination noted tenderness over the bilateral shoulders, right side greater than left, with decreased range of motion. Most recent records dated May 2, 2013 notes that the injured worker complained of neck pain rated at 6-8/10 radiating to the right shoulder. She also complained right shoulder pain rated at 6-7/10 and lumbar spine pain rated at 6-7/10 with radiating pain and numbness to both legs. She also reported bilateral wrist pain rated at 6/10 as well as sleep difficulties due to pain. Cervical spine examination noted tenderness and spasms over the bilateral paracervical muscles and bilateral trapezii. Range of motion was limited in all planes due to end range pain. A lumbar spine examination noted moderate tenderness and spasms over the bilateral paralumbar muscles. Decreased range of motion in all planes was noted due to end range back pain. A shoulder examination noted tenderness over the right acromioclavicular joint, right subacromial region, right greater tubercle as well as tenderness and myospasm over the right rotator cuff muscles. Range of motion was limited in the right in all planes due to end range right shoulder pain. Wrists examination noted tenderness and bilateral reduction of wrist range of motion. She is diagnosed with (a) cervical disc displacement with radiculopathy, (b) cervical spine sprain and strain, (c) right shoulder sprain and strain, (d) lumbar disc displacement with radiculopathy, (e) lumbar spine sprain and strain, (f) bilateral wrist sprain and strain and (g) insomnia.

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

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

**Left epidural steroid injection at L4-L5 under fluroscopy and IV Sedation:** 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): (ESIs) page 46.

**Decision rationale:** Evidence-based guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain. With this, the guidelines require that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, there should also be evidence of unresponsive to conservative treatments. In this case, the records do not indicate any signs of radiculopathy. There were no presented provocative tests (e.g. straight leg raising test) and the presented magnetic resonance imaging (MRI) of the lumbar spine results indicate that major of the problem is noted to be right sided facet-related problems. Results of electrodiagnostic testing was not found. In addition, there is no documentation that conservative treatments including physical therapy have been tried and failed. Based on these reasons, the medical necessity of the requested Left Epidural Steroid Injection At L4-L4 Under Fluoroscopy And Intravenous (IV) Sedation is not established.