

<b>Case Number:</b>	CM14-0025846		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/26/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 57-year-old female who reported an injury on 10/26/2009 due to an unknown mechanism. The injured worker had complaints of continued low back pain that radiated into her legs. The injured worker stated she recently was given epidural injections, which gave some relief, but she still complained of worsening pain with tightness in the low back that she rated at 10/10. It was also reported the injured worker had lumbar epidural steroid injections back at 07/19/2013 where she stated she had no pain relief. The injured worker complained of neck and bilateral shoulder pain that radiated into both arms and hands. The injured worker had a physical examination dated 11/20/2013 revealed cervical range of motion, flexion was to 40 degrees, extension was to 40 degrees, right rotation was to 60 degrees, left rotation was to 65 degrees, right lateral flexion was to 35 degrees, left lateral flexion was to 35 degrees. Lumbar range of motion, flexion was to 35 degrees, extension was to 10 degrees, right lateral flexion was to 10 degrees, left lateral flexion was to 10 degrees, and bilateral lower extremity sensation decreased at L5-S1. Physical examination dated 12/12/2013 revealed tenderness to the cervical and lumbar spine paravertebral muscles. The injured worker had difficulty standing from a sitting position and walked with a guarded gait. Diagnoses for the injured worker were cervical spine radiculitis, lumbar spine radiculitis, internal derangement bilateral shoulders, anxiety disorder, and sleep disturbance. Medications were reported as omeprazole 20 mg, Terocin pain patch, Theramine, Trepidone, Sentra AM, Sentra PM, Gabadone, Terocin cream, and flurbiprofen compound cream. The treatment plan was for lumbar epidural steroid injection with lumbar decompression. The rationale and Request for Authorization were not submitted for review.

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

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

### **CAUDAL LUMBAR EPIDURAL STEROID INJECTION WITH LUMBAR DECOMPRESSION: 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 Injections Page(s): 46.

**Decision rationale:** First of all, the request submitted does not designate the site of the injection. In addition, the California Medical Treatment Utilization Schedule states that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associating reduction of medication use for 6 to 8 weeks with the general recommendation of no more than 4 blocks per region per year. It was noted that the injured worker had some relief with previous epidural steroid injections. However, sufficient documentation showing evidence of 6-8 weeks of functional improvement, 50% pain relief, and associated reduction of medication use was not provided. Therefore, the request is not medically necessary.