

<b>Case Number:</b>	CM14-0044905		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 & Rehab, 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 47-year-old male with a reported occupational injury on 11/22/2012. The mechanism of injury was due to a motor vehicle accident. His diagnoses were noted to include status post left shoulder arthroscopy, subacromial decompression and cuff repair and lumbar disc disease. His previous treatments were noted to include medications and physical therapy. An MRI performed on 12/24/2012 revealed L5-S1 combined degenerative disc and facet changes result in moderate bilateral foraminal stenosis. There was slight central canal stenosis.) The progress note dated 10/31/2013 revealed the injured worker complained of pain to his left shoulder gradually improving and then complaining of back pain and leg radiculopathy. The examination of the thoracolumbar spine revealed tenderness to palpation in the paralumbar region to deep palpation. The range of motion was noted to be 10 degrees less of flexion and extension and 5 degrees less of lateral rotation and bending. There was an L5 nerve root distribution bilaterally with 4/5 strength. The progress note dated 12/05/2013 revealed the injured worker complained of left shoulder pain, low back pain, and leg radiculopathy. The examination of the lumbar spine revealed tenderness to palpation in the paralumbar region to deep palpation. The range of motion was noted to be 10 degrees less of flexion and extension and 5 degrees of less lateral rotation and bending. There was a negative straight leg raise test bilaterally. The progress note dated 01/06/2014 revealed the injured worker complained of pain mainly to his low back and also left leg radiculopathy. The physical examination of the thoracolumbar spine showed tenderness to palpation in the paralumbar region to deep palpation. The range of motion noted 10 degrees of less flexion and extension and 5 degrees of less lateral rotation and bending. There was a positive straight leg raise on the left. The request for authorization form was not submitted within the medical records. The request was for an epidural steroid injection to the L5-S1 due to the persistent pain and leg radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Epidural Steroid Injection L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

**Decision rationale:** The request for Epidural Steroid Injection L5-S1 is non-certified. The injured worker has an MRI for consistent lumbar radiculopathy. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The Guideline criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. There is a lack of documentation regarding failure to conservative treatment. There was a positive straight leg raise on the left lower extremity noted; however, there was a lack of clinical findings with significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Additionally, the request did not specify fluoroscopy guidance for the injection. Therefore, the request for Epidural Steroid Injection L5-S1 is non-certified.