

<b>Case Number:</b>	CM14-0047565		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/27/2004
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 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:

This is a female patient with a diagnosis of lumbar radiculitis with herniated disc, lumbar facet arthropathy and bilateral sacroiliitis following a remote industrial injury on 02/27/2004.

Mechanism of injury occurred while employed with the [REDACTED] [REDACTED] as a deputy sheriff when she was doing a training exercise, carrying a shotgun and slipped and fell backward onto her right side, probably hitting her right knee and left hand on the ground and felt pain in the low back and right knee. It should be noted there is an extensive list of multiple injuries reported on multiple dates. Records indicate that a request for a third lumbar epidural corticosteroid injection was non-certified at utilization review on 03/12/14, as the patient had two prior injections and reported only 40% relief with the first injection. There was no discussion of a reduction of medication use or improvement in function and no clear evidence of specific dermatomal pain, myotome weakness, and/or sensory loss/changes to warrant a repeat injection. Furthermore, a series of three injections is not recommended by guidelines. Progress report dated 03/04/14 revealed the patient was status post lumbar epidural steroid injection on 01/14/14 reporting 40% pain relief; however, the pain had returned, but not as severe. Low back pain was rated at 4/10 with radiation to the right leg. The patient reported decreased muscle spasm and tightness in the right leg. Lumbar spine examination revealed tenderness to the lumbosacral musculature and over the spinous processes. There was tenderness noted at the bilateral posterior superior iliac spine, greater trochanters, and iliotibial band. Range of motion was limited. Lumbar facet compression test caused concordant pain in the low back referred to the buttocks and thighs. There was positive sacroiliac compression and distraction test. Lasegue's test was positive. Current medications were not listed and prior treatment was not discussed. Progress note dated 03/06/14 revealed patient reporting low back pain rated 5-6/10 with radiation to the right lower extremity and into the right foot. Objective findings revealed

tenderness over the lumbosacral spine, bilateral lumbar paraspinal muscles, as well as muscle spasm and trigger points noted. Active range of motion was decreased. Straight leg raise was positive in the right lower extremity. Again medications were not reported. According to a consultation report dated 11/12/13, previous treatment has included unspecified medications, physical therapy, arthroscopic surgery for the right shoulder, cortisone injections into the hips and trigger point injections to the low back, epidural steroid injections, and home exercise program.

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

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

#### **3RD LUMBAR EPIDURAL CORTICOSTEROID INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/EPIDURAL STEROID INJECTIONS.

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

**Decision rationale:** The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. Furthermore, repeat epidural steroid injections can be considered when there is documentation of greater than 50% pain relief for six to eight weeks, combined with objective functional improvement and reduction in medication usage. In this case, there are no objective findings on examination indicative of radiculopathy. There is no description of deficits with strength, sensation, or reflexes in a myotomal/dermatomal distribution. There were no imaging studies or electrodiagnostic studies provided for review to corroborate radiculopathy. The patient previously underwent two lumbar epidural steroid injections, reporting only 40% relief of symptoms without any mention of increased function or reduction in medication use. Furthermore, the current request does not specify what levels are being requested for injection. Thus the requested 3rd epidural steroid injection is not medically necessary.