

<b>Case Number:</b>	CM14-0051583		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 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 patient is a 44-year-old female who has submitted a claim for depression, left shoulder impingement syndrome, lumbar disc protrusion, and right lower extremity radiculopathy; associated with an industrial injury date of 07/11/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck and left shoulder pain, graded 7/10, and right buttock and leg pain, graded 8/10. Pain is associated with weakness in the left shoulder and lumbar spine and numbness in the lumbar spine. The pain radiates to the left arm. Pain is aggravated by overhead reaching, lifting, pushing, pulling, gripping, twisting, bending, stooping, kneeling, walking, and sitting. Physical examination showed tenderness over the bilateral paravertebral regions. Range of motion of the lumbar spine was restricted due to pain and spasm. Trigger points were noted in the lumbar paraspinal muscles bilaterally. Motor testing showed weakness with flexion, extension, and bilateral lateral bend of the lumbar spine. Myotomes tested were 4/5 in the right L5, and right L4. Sensation was decreased in the right L4-L5 dermatomes. MRI of the lumbar spine, dated 10/30/2013, showed no significant central canal or neural foraminal stenosis. Motor testing showed weakness. Treatment to date has included medications, physical therapy, and home exercise program. Utilization review, dated 03/27/2014, denied the request for Lumbar Epidural Steroid Injection because the request failed to indicate at which level the Epidural Steroid Injection was to be performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** 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 injection Page(s): 46.

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of neck, left shoulder, right buttock and leg pain with radicular symptoms despite medications and physical therapy. On physical exam, weakness and hypoesthesia were noted in the L4-L5 dermatomal and myotomal distributions, respectively. However, MRI of the lumbar spine, dated 10/30/2013, failed to show evidence of significant central canal or neural foraminal narrowing, or frank nerve root compromise. Moreover, the present request as submitted failed to specify the level of the intended procedure. The criteria for ESI have not been met. Therefore, the request for LUMBAR EPIDURAL STEROID INJECTION is not medically necessary.