

<b>Case Number:</b>	CM14-0067453		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Occupational 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:

The patient is a 47-year-old female who has submitted a claim for cervicalgia with intermittent radiculopathy, right shoulder impingement, right shoulder SLAP tear, and lumbago with intermittent sciatica associated with an industrial injury date of September 19, 2011. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain. The pain radiates to both legs and has associated numbness. Physical examination showed no pain with back flexion or extension. There was normal rotation and lateral bending. Motor strength and sensation was intact. Straight leg raise test caused leg discomfort. There was paraspinous muscle spasms and tenderness. The patient has intermittent radiculopathy on the left hip down to the level of her knee. MRI of the lumbar spine, dated January 22, 2014, revealed at L3-L4 right neuroforaminal narrowing, at L4-L5 5mm left paracentral disc protrusion impinges on the descending L5 nerve root and mild neuroforaminal narrowing, and at L5-S1 4mm right paracentral disc protrusion contacts the descending right S1 nerve root. Treatment to date has included medications, physical therapy, aquatic therapy, chiropractic therapy, home exercise program, activity modification, right foot surgery, and lumbar epidural steroid injections. Utilization review, dated May 1, 2014, denied the request for lumbar epidural steroid injection x 3 because a series of 3 injections is not appropriate and the previous injection failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injections x3: 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): 46.

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent low back pain radiating to the lower extremity. Progress report dated November 6, 2013 state that the patient underwent a previous lumbar epidural steroid injection on June 28, 2013 that has not given her relief of her symptoms. Furthermore, objective pain relief measures and evidence of functional improvement were not documented. Moreover, the most recent progress report dated June 25, 2014 showed no numbness and tingling in the lower extremities, normal motor examination, and normal range of motion of the lumbar spine. The guideline criteria have not been met. In addition, the present request failed to specify the spinal level and the laterality. Furthermore, repeat epidural steroid injections are dependent on the results of the first injection, hence series of epidural steroid injections are not recommended. Therefore, the request for Lumbar epidural steroid injections times 3 is not medically necessary.