

<b>Case Number:</b>	CM14-0068153		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Texas and 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 39-year-old female who reported an injury on 07/29/2013 due to a heavy lift. The injured worker was diagnosed with lumbosacral strain, sciatica, left shoulder strain/impingement syndrome, and neck sprain. On 02/25/2014, the injured worker was re-diagnosed with left shoulder strain with impingement syndromes, lumbosacral strain, and aggravation of underlying degenerative left L5 severe foraminal stenosis resulting in left L5 radiculopathy. The injured worker participates in a home exercise program. On 12/30/2013, the injured worker saw her physician for follow-up of injuries sustained while at work. She states that she continues to have back pain. She continues to have neck and shoulder discomfort as well. She rates the pain at 4/10 on the pain scale. She states the back is more uncomfortable than the neck and shoulder. She notes numbness, tingling, and pain sensations to the left leg. It goes to the mid-calf level. She also states that she has received 10 visits of physical therapy. She states that it was somewhat helpful. The physician is requesting an epidural steroid injection at the left L5 site. The rationale for the authorization is to reduce pain and inflammation for the injured worker. The Request for Authorization Form was signed on 02/27/2014 and made available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at Left L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The California MTUS Guidelines covering the criteria for the use of epidural steroid injections note: "(a) radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; (b) initially unresponsive to conservative treatment; (c) injections should be performed using fluoroscopy; (d) if used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic studies blocks should be at an interval of at least 1 to 2 weeks between injections; (e) no more than 2 nerve root levels should be injected using transforaminal blocks; (f) no more than 1 interlaminar level should be injected at 1 section; and (g) in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year." The physician has not provided corroborating imaging studies and/or diagnostic testing. The injured worker was noted as having only moderate response to conservative treatment. She has stated the physical therapy has helped but it has not resolved her issues. Without the use of corroborated imaging studies and/or diagnostic testing, this procedure cannot be approved. As such, the request for an Epidural Steroid Injection at Left L5 is not medically necessary.