

<b>Case Number:</b>	CM14-0071348		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2014

### 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 injured worker is a 48-year-old female who reported an injury on 05/05/2003, due to cumulative injury. Diagnoses included residuals of right shoulder decompression with distal clavicle resection and rotator cuff debridement. Past treatments have been physical therapy, acupuncture, 2 epidural steroid injections, an injection to the right hip, right knee injection, massage, chiropractic therapy, and medications. Diagnostics were x-rays and MRI. Surgeries were right ankle arthroscopic debridement; carpal tunnel release; open decompressive surgery, right shoulder; hysterectomy. Physical examination dated 06/14/2014 revealed complaints of neck pain, right shoulder pain, left elbow pain, right elbow pain, right hand numbness, right wrist pain, left hand numbness and tingling, left wrist pain, mid and upper back pain, low back pain, right knee pain, left knee pain, right ankle and foot pain, left foot and ankle pain. Examination of the cervical spine revealed tenderness with spasm, right cervical paraspinal musculature and right occiput. There was right trapezius tenderness with spasm. There was tenderness on the right acromioclavicular joint. Examination of the lumbar spine revealed flexion without stretch to fingertips, reached just below the knees. Extension was to 15 degrees, tilt was 25 degrees with guarding of the back bilaterally, and rotation was to 50 degrees bilaterally. There was noted tenderness on the right lumbar paraspinal musculature with spasm. There was right sciatic notch tenderness. There was right lateral thigh tenderness. Straight leg raise, with the injured worker sitting, full extension on the left, lacks 15 degrees with guarding of the back. Straight leg raise with the injured worker supine was 60 degrees right with right hip pain, and 70 degrees to the left. Medications were Naproxen, Oxycodone, and Lidoderm Patch, and Omeprazole. Treatment plan was for right-sided L5-S1 Transforaminal epidural steroid injection under fluoroscopic guidance. The rationale and Request for Authorization were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sided L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for right-sided L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary. The California Medical Treatment Utilization Schedule states epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, reduction of medication use, and avoiding surgery; but this treatment alone offers no significant long-term functional benefit. Diagnostic studies were not submitted for review to corroborate the diagnosis of radiculopathy. The efficacy of the prior epidural steroid injections was not reported. Therefore, the request is not medically necessary.