

<b>Case Number:</b>	CM14-0078071		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 53 year old female who sustained a work related injury on 10/08/2010. Her medication history included Omeprazole, Zofran, and Ibuprofen. She has been treated with lumbar epidural steroid injections which have provided her with some relief. There are no lumbar diagnostic studies for review, only for the cervical spine. Progress report dated 04/29/2014 indicates the patient complained of multiple trigger points in the right hand side, in the trapezius, levator scapulae, rhomboid and cervical paraspinals. She requested trigger point injections in those areas to alleviate the spasms in her neck and her headaches as well. On exam, multiple trigger points were palpated in the cervical spine region on the right hand side as well as regions mentioned above. Diagnoses are lumbar radiculitis, right shoulder impingement syndrome, cervical and lumbar intervertebral disc disorder, cervical instability, cervical radiculopathy and back degenerative disk disease. She has been recommended for an epidural steroid injection to the L4-L5 region and physiotherapy and medical management for 3 months. On note dated 02/04/2014, the patient was noted to be unresponsive to conservative treatment, with physiotherapy and medical management for at least 3 months. Prior utilization review dated 05/27/2014 states the request for L4-5 ESI (Epidural Steroid Injections) and Physiotherapy and Medical Management for (3 months) is denied as there are no MRI findings to support objective exam and a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 ESI (Epidural Steroid Injection): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI(Epidural Steroid Injections) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections.

**Decision rationale:** According to MTUS and ODG guidelines, lumbar epidural steroid injection (ESI) may be recommended for radiculopathy demonstrated on physical examination and corroborated by diagnostics. In this case a request is made for L4-5 ESI for a 53-year-old female injured on 10/8/10 with chronic low back pain and diagnosis of radiculopathy. However, symptoms and physical examination, which includes a finding of decreased sensation in an L5-S1 distribution, are not clearly corroborated by lumbar MRI on 2/8/14. In fact, 2 different accounts of the MRI findings are present in the record neither of which specifies nerve compromise. The original MRI report is not provided. Therefore, the request of L4-L5 ESI (Epidural Steroid Injection) is not medically necessary and appropriate.

**Physiotherapy and Medical Management for (3 months):** 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

**Decision rationale:** According to MTUS guidelines, physical medicine (physical therapy) may be indicated for exacerbations of chronic pain. In this case a request is made for physical therapy and medical management for 3 months. However, guidelines recommend up to 10 visits of therapy over 8 weeks. Further, past response to therapy is not provided. With regard to medical management, office visits are recommended as determined to be medically necessary at each visit. Specific quantities or time frames for office visits are not recommended by ODG guidelines. Therefore, the request of Physiotherapy and Medical Management for (3 months) is not medically necessary and appropriate.