

<b>Case Number:</b>	CM14-0094519		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2014

### 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 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 40-year-old female who sustained a low back injury on 7/30/13. She reported increasing right shoulder pain since her fall. Lumbar MRI showed bulging tear and annular tear at L3-L4 and L4-L5 with significant facet disease noted at L3-4, L4-5 and L5-S1 bilaterally. No electrodiagnostic studies are documented. Past treatment to date include medications, ice, and activity modifications. Previous requests for lumbar epidural steroid injections were denied. As per the most recent report dated 6/30/14, her shoulder pain was worse and dizziness was improving. She still has severe pain in her low back especially when she walks or sits more than 30 minutes. Examination of the lumbar spine was grossly abnormal. She could flex to 45 degrees. She can extend 0 degrees, all with pain in her mid-back going across her back like a band. She could left and right rotate 15 degrees with pain. She had spasm bilaterally of the latissimus dorsi. She had a positive leg lift bilaterally at 15 degrees. She could not stand on her toes. She seemed to have normal strength and fine motor control except for she could not stand. Diagnoses included lumbar discogenic disease, right shoulder rotator cuff tear versus SLAP tear, and concussion, improving. The patient is S/P epidural steroid injection at L3-L4 and L4-L5. She was not yet sure if it was better or not and the physician wanted to wait for another month to get a feel of what the epidurals actually did for her. The request for epidural steroid injection (ESI) at L3-L4 and L4-L5 was denied on 05/28/14 due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection (ESI) at L3-L4 and L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection, Page(s): page 46.

**Decision rationale:** As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clear evidence of radiculopathy on the exam. There is no clear imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy. Furthermore, there is no evidence of significant pain relief with prior ESI. Therefore, the medical necessity of the request for ESI is not established.