

<b>Case Number:</b>	CM14-0097593		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49 year-old woman who sustained a work-related injury on July 19, 2013. Subsequently, she developed with chronic left shoulder and low back pain. According to a progress report dated June 24, 2014, the patient continued to complain of pain in her left shoulder and low back. The patient pain intensity was 5/10. It was a burning and throbbing improved by rest and worsening by lifting and walking. Her physical examination of the left shoulder revealed tenderness at the lateral subacromial space with positive impingement test. There is a limited range of motion of the left shoulder. There is a lumbar tenderness with limited range of motion. Straight leg raise is 60 degrees. There is 4/5 strength at the extensor hallucis longus and peroneal muscles in the left. There is 5/5 strength at the quadriceps, hamstrings, anterior tibialis, posterior tibialis, and gastrocnemius. The rest of her neurological examination was not focal. MRI of the lumbar spine dated October 30, 2013 showed disc-osteophytes and degenerative facet enlargement at multiple levels. The patient has been diagnosed with L4-5 disc herniation and left shoulder impingement. The patient has been taking Ibuprofen, Tramadol, and Naprosyn. The patient stated that the injection she did receive on June 3, 2014 did help the back pain. The provider requested authorization for L4-5 ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, an epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. In this case, there is no clinical and objective documentation of radiculopathy. Although the patient developed chronic back pain, her MRI did not document any large disc protrusions or foraminal narrowing that would correlate with the reported clinical findings. In addition, there is no report of an EMG documenting the presence of radiculopathy. The MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, L4-5 epidural steroid injection is not medically necessary.