

<b>Case Number:</b>	CM13-0041973		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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:

This 30 year old female who sustained a work related injury on 01/18/2013. The injury occurred while working in childcare. She was wearing booties since one of the children had vomited and began chasing a young child and slipped and fell, landing directly on her left shoulder and back. She had immediate pain, stiffness and weakness. She received physical therapy, pain medication and anti-inflammatory medications without much improvement according to an orthopedic evaluation dated 03/11/2013. The injured worker was treated with a left shoulder subacromial injection with Lidocaine, Marcaine and Kenalog and was given a prescription for Mobic. According to progress notes dated 03/18/2013, the provider's noted impression included a fall onto the lower back with some referral down the left leg. Exam demonstrated some limitations in the lumbar range of motion as well as substantial pelvic girdle strength, but not terribly supportive of radiculopathy. There may be consideration of left sacroiliac joint pain as well. According to a progress noted dated 07/31/2013, the provider's plan of care included re-instructing seated stretches targeting her lumbosacral paraspinals and rotator to be progressive as possible. She was instructed to progress with knee marches and progressive straight leg raises. According to the provider, there was really little rationale to proceed with any diagnostic imaging of her spine given her normal range of motion and neuromuscular exam as this would not change her medical management. The provider noted that he would not recommend any interventional spine procedure. As of an office visit dated 09/04/2013, the injured worker complained of pain and discomfort involving the left shoulder, low back and legs. Objective findings were noted as positive rotator cuff impingement of the left shoulder. There was local tenderness in the left shoulder area. There was decreased low back and lumbosacral range of motion. Tenderness to palpation in the back region was present. Straight leg raising test of the legs was positive. Diagnoses included left shoulder sprain/strain injury, left shoulder rotator cuff

injury with tendinitis and possible lumbosacral radiculopathy. Plan of care included continuing Norco for pain control twice a day. The recommendation of a cortisone injection to the left shoulder was awaiting approval. The injured worker remained temporarily partially disabled with limitation of no pushing or pulling more than 15 pounds with occasional back bending and twisting activity. Radiology reports were not submitted for review. On 09/25/2013, Utilization Review non-certified lumbar epidural steroid injection L5-S1 bilateral that was requested on 09/18/2013. According to the Utilization Review physician, documentation did not meet the MTUS criteria for medical necessity of epidural steroid injections as documentation did not describe exam findings that corroborate radiculopathy. Documentation did not contain imaging studies that corroborate radiculopathy. There was essentially no objective evidence to indicate the possibility of radiculopathy with the exception of positive straight leg raise on exam that was not described. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral Lumbar Epidural Steroid Injection at L5-S1 QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. Official Disability Guidelines identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as additional criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of left shoulder sprain/strain injury, left shoulder rotator cuff injury with tendinitis and possible lumbosacral radiculopathy. In addition, there is documentation of failure of conservative treatment (activity modifications and medications) and no more than two nerve root levels injected in one session. However, despite nonspecific documentation of subjective (pain and discomfort involving the left shoulder, low back and legs) and objective (decreased low back and lumbosacral range of motion, tenderness to palpation in the back region was present, and straight leg raising test of the legs was positive) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve

root distribution. In addition, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested nerve root distribution and failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for bilateral lumbar epidural steroid injection at L5-S1 is not medically necessary.