

<b>Case Number:</b>	CM13-0055963		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 12/23/2011. She has reported subsequent neck, back, bilateral knee and right shoulder pain and was diagnosed with cervical, lumbar, bilateral knee and right shoulder sprain/strain. Treatment to date has included oral, topical and injectable pain medication and physical therapy. In a progress note dated 09/26/2013, the injured worker complained of continued low back, right shoulder and right knee. Objective findings were notable for a positive impingement test of the right shoulder, tenderness of the medial joint line of the right knee and restricted and painful range of motion. A request for authorization of lumbar epidural steroid injection was made. The patient's surgical history include right shoulder surgery on 5/4/2012. She has had MRI of the lumbar spine on 01/24/2013 that revealed lumbar spine disc herniation and EMG on 10/22/12 that revealed no evidence of radiculopathy. Patient has received an unspecified number of PT visits for this injury. The medication list include Hydrocodone, Naproxen and Omeprazole. Physical examination of the lumbar spine on 3/19/13 revealed limited range of motion and tenderness on palpation. Any recent detailed clinical evaluation note of treating physician was not specified in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection T12-L2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Any recent detailed clinical evaluation note of treating physician was not specified in the records. She has had EMG on 10/22/12 that revealed no evidence of radiculopathy. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the LUMBAR EPIDURAL STEROID INJECTION T12-L2 is not medically necessary.