

<b>Case Number:</b>	CM14-0204510		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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 44 year old male with an injury date on 2/14/13. The patient complains of right shoulder pain radiating with movement, rated 8-9/10 and increasing when sleeping per 11/13/14 report. The patient also has constant back pain rated 9/10 radiating into the bilateral legs and into the feet, with tingling per 11/13/14 report. The patient has continued lower back pain and right shoulder pain per 9/30/14 report. The pain has not changed in either the back or shoulder per 11/13/14 report. Based on the 11/13/14 progress report provided by the treating physician, the diagnoses are: 1. L-spine radiculitis 2. Right shoulder impingement syndrome. A physical exam on 11/13/14 showed "positive straight leg raise bilaterally." Limited range of motion of right shoulder per 8/21/14 physical exam. The 6/19/14 exam shows L-spine range of motion is limited. The 7/10/14 exam shows decreased sensation in the right foot. The patient's treatment history includes medications, prior epidural steroid injection to lumbar, physical therapy. The treating physician is requesting L4-L5 epidural steroid injection under fluoroscopy. The utilization review determination being challenged is dated 11/25/14 and denies request due to lack of evidence that prior epidural steroid injection was effective. The requesting physician provided treatment reports from 1/3/14 to 11/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Epidural steroid injection under fluoroscopy: Upheld**

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

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

**Decision rationale:** This patient presents with right shoulder pain, back pain, bilateral leg/foot pain. The treater has asked for L4-L5 EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY on 11/13/14. Although utilization review letter mentions a prior epidural steroid injection, review of reports from 1/13/14 to 11/13/14 do not show that an epidural steroid injection has been administered to this patient. The patient was scheduled for an epidural steroid injection the day after 5/8/14 report, but subsequent reports only reference the injection as being denied, as it appears the treater was awaiting authorization. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has not had a prior epidural steroid injection, and review of records show no evidence of a prior lumbar MRI. There is radicular pain, and the physical exam do show findings confirming radiculopathy (positive straight leg raise), sensory changes in the foot along the L4-5 dermatomal distribution. However, the treater does not discuss MRI findings or any potential nerve root lesions that may benefit from an ESI. The treater does reference an AME which recommends an epidural steroid injection (not included in provided reports) in 9/30/14 report, but still provides no reference to prior electrodiagnostic studies or imaging data. The requested epidural steroid injection IS NOT medically necessary.