

<b>Case Number:</b>	CM15-0196533		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old female who sustained an industrial injury on 12-14-03. A review of the medical records indicates she is undergoing treatment for pain disorder with psychological factors and an orthopedic condition, extremity pain, right sacroiliac pain, shoulder pain, knee pain, degenerative disc disease of the lumbar spine, low back pain, spasm of muscle, and radiculopathy. Medical records (3-25-15 to 9-10-15) indicate ongoing complaints of low back pain and left knee pain. She rates her pain "5-8 out of 10". She reports that her low back pain radiates to bilateral lower extremities. The physical exam (9-3-15) reveals restricted range of motion of the cervical spine with spasm, tenderness, and tight muscle band noted bilaterally of the paravertebral muscles. Tenderness is noted at the paracervical muscles, rhomboids, and trapezius. Spurling's maneuver causes pain in the muscles of the neck and radiates to the upper extremity. Range of motion in the lumbar spine is also restricted with flexion to 45 degrees and extension to 10 degrees. Paravertebral muscle tenderness is noted bilaterally of the lumbar spine. Lumbar facet loading is positive on both sides. Tenderness is noted over the sacroiliac spine. Diagnostic studies have included a CT scan of the lumbar spine and urine drug screening. Treatment has included medications, use of a wheelchair, an interferential unit, cognitive behavioral therapy, and request for a caudal epidural with catheter (3-23-15). The 3-23-15 progress record states that she reported previous epidural steroid injections. However, completion of the last epidural steroid injection of L5-S1 was unable to be completed "due to fusion". The treatment request includes a lumbar epidural steroid injection (9-3-15). The

utilization review (9-24-15) includes a request for L5 and S1 transforaminal epidural steroid injection. The request was denied.

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

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

#### **L5 and S1 Trigger Finger Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker has had previous epidural steroid injections without documentation of significant pain relief or functional improvement. Additionally, there is a lack of objective evidence of radiculopathy on physical examination. The request for L5 and S1 Trigger Finger Epidural Steroid Injection is determined to not be medically necessary.