

<b>Case Number:</b>	CM15-0198164		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 8-9-11. A review of the medical records indicates she is undergoing treatment for left ankle pain, status-post surgery on 3-14-13 with debridement arthrotomy and excision of the lateral talus, chronic right-sided low back and right leg pain, chronic right shoulder pain, and chronic left knee pain. Medical records (3-31-15 to 9-22-15) indicate ongoing complaints of low back pain with radicular symptoms in the right lower extremity, left knee pain, and right shoulder pain. She rates her pain "8-9 out of 10" without medications. With medications, her pain has varied from "3 out of 10" to "7 out of 10". The 9-22-15 record indicates that she has developed numbness and tingling extending into the 4th and 5th digit, starting in the medial elbow of the right arm within the "last 4-6 weeks". The report also indicates that she is unable to sleep on her right side and is "uncomfortable" at night. The physical exam (9-22-15) reveals diminished range of motion of the right shoulder with flexion reaching "only 90 degrees". She has tenderness on palpation with positive Tinel's over the medial elbow. Sensory changes are noted over the 4th and 5th digits "compared to the 1st and 2nd digits". Diagnostic studies have included MRIs of the left knee, right shoulder, and lumbar spine. Treatment has included physical therapy, a home exercise program, a TENS unit, and medication patches. Treatment recommendations are for an EMG/NCV, a trial of a lumbar epidural steroid injection, and an orthopedic consult for her right shoulder. The utilization review (10-3-15) includes a request for authorization of a trial L3-L4 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:

**Trial of a L3-L4 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:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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 American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore the determination is for not medically necessary.