

<b>Case Number:</b>	CM15-0218868		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/22/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Montana, Oregon, Idaho

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 41 year old male, who sustained an industrial injury on 4-22-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder rotator cuff tear, lumbosacral sprain-strain with aggravation of L4-L5 spondylosis and neural foraminal stenosis, and lumbar radiculopathy. On 9-28-2015, the injured worker reported right shoulder pain and low back pain. The Treating Physician's report dated 9-28-2015, noted radiographs of the lumbar spine revealed L4-L5 spondylosis with degenerative disc disease, and the lumbar spine MRI that showed L4-L5 spondylosis with bilateral neural foraminal narrowing. The physical examination was noted to show limited active range of motion (ROM) of the thoracolumbar spine and positive bilateral straight leg raise test. The Physician noted the injured worker was nearly six months status post his injury and had not improved with "failed conservative care". Prior treatments and evaluations have included a MRI of the lumbar spine with multilevel spondylosis worse at L4-L5 with severe left and moderate right neural foraminal narrowing and impingement upon bilateral traversing L5 nerve roots, and physical therapy. The treatment plan was noted to include a right shoulder arthroscopy with rotator cuff repair and lumbar epidural steroid injection (ESI). The injured worker's work status was noted to be for modified work. The request for authorization dated 10-2-2015, requested lumbar epidural steroid injection at bilateral L4-L5. The Utilization Review (UR) dated 10-9-2015, non-certified the request for lumbar epidural steroid injection at bilateral L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at bilateral L4-L5: 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 state that there has been a failure of conservative management, there is no documentation of type, frequency and duration of previous treatments. There are no physical therapy notes submitted. In addition, in the note from 9/28/15 there is no documentation of myotomal or dermatomal distribution of radiculopathy or diminished reflexes. The records document only a bilateral straight leg raise, which is a non-specific sign. Therefore, the request is not medically necessary.