

<b>Case Number:</b>	CM15-0030890		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 42-year-old male, who sustained an industrial injury on 3/08/2012. The diagnoses have included sprain of lumbosacral joint/ligament and left rotator cuff tear. Treatment to date has included conservative measures. Currently, the injured worker complains of pain in his left shoulder and low back, with radiation to bilateral legs, associated with numbness and tingling in his feet. Physical exam of the lumbar spine revealed tenderness to palpation with related myospasms, restricted range of motion, and motor weakness in the lower extremities. Magnetic resonance imaging of the lumbar spine (11/01/2013) was referenced as showing a 2mm disc bulge at L4-5 in the PR2 report, dated 11/19/2014. Medications included Cyclobenzaprine, Naproxen, Tramadol, and Omeprazole. On 1/23/2015, Utilization Review non-certified a request for an epidural steroid injection, left L4-5, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection Left L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

**Decision rationale:** The 42-year-old patient presents with pain in left shoulder and lower back which radiates to his bilateral legs and leads to numbness and tingling in his feet, as per progress report dated 11/19/14. The request is for EPIDURAL STEROID INJECTION LEFT L4-5. There is no RFA for this case, and the patient's date of injury is 03/08/12. Diagnoses, as per progress report dated 11/19/14, included left shoulder rotator cuff tear and impingement along with lumbosacral stenosis. Medications included Naproxen, Tramadol, and Omeprazole. The pain is rated at 5-8/10 and is accompanied by sleep disturbances, as per progress report dated 10/20/14. The patient is temporarily totally disabled, as per progress report dated 11/19/14. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, the patient suffers from low back pain and has been diagnosed with lumbar radiculitis, as per progress report dated 10/20/14. While straight leg raise was positive on the right, it was negative on the left. There is no sensory deficit bilaterally. MRI, dated 11/01/13, revealed disc herniation at L4-5 and L5-S1, but there is no indication of stenosis or neural foraminal narrowing, as per the same progress report. Given the lack of radiculopathy symptoms during physical examination and corroborating imaging studies, the request IS NOT medically necessary.