

<b>Case Number:</b>	CM15-0049723		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	12/06/2000
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 52 year old male, who sustained an industrial injury on 12/6/2000. He reported symptoms of back pain. The injured worker is diagnosed as having cervical and lumbar degenerative disc disease with right-sided radiculopathy; arthropathy of the right ankle and right shoulder; right cubital and carpal tunnel syndrome; and reactive sleep disturbance. Treatment to date has included opioid medications, radiographs, surgery, shoe orthotics, joint injections, TENS unit, urine drug screens, exercises and activity modification. Currently, the injured worker complains of pain in the lumbar spine, right ankle, right shoulder and right hand. Physician progress report of 2/19/2015 indicates the injured worker reported less sedation and improved sleep with the use of Oxycodone instead of Norco. Pain score is rated 5 out of 10 with medication and 8 out of 10 without medication. No side effects or complications were noted. OxyContin was added to the current medication regime for breakthrough pain. The injured worker exercises at a gym 5 days per week and reports increased activity. Physical exam findings noted the injured worker was alert and vital signs were stable. Decreased sensation noted in the right arm; weakness in the right elbow, hand grip and shoulder. Right-sided neck pain and right shoulder pain. Differences in straight leg raise were noted between the left and right lower extremities. Treatment plan includes lumbar steroid injection by catheter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection by catheter to treat the right sided nerves of the back:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Epidural steroid injections (ESI's).

**Decision rationale:** Based on the 01/19/15 progress report provided by treating physician, the patient presents with lumbar spine pain rated 3-7/10 at lumbosacral junction, that radiates to lower right buttock. Patient denies radiation into the lower extremities. The patient is status post low back laminectomy L4-5 in 2004, per 12/10/14 report. The request is for lumbar epidural steroid injection by catheter to treat the right sided nerves of the back. The injured worker's diagnosis per Request for Authorization form dated 03/15/15 includes shoulder arthropathy. Diagnosis on 02/19/15 included lumbar degenerative disc disease, status post partially successful surgery with right-sided radiculopathy. Treatment to date has included surgery, imaging studies, shoe orthotics, joint injections, TENS unit, exercises and activity modification, and medications. Patient's medications include Oxycodone, Oxycontin, Soma and Valium. The patient is temporarily totally disabled, per 01/13/15 report. Treatment reports were provided from 08/13/12 - 02/19/15. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And "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-TWC, Low Back – Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Progress report with the request, nor RFA were provided. Physical examination on 02/19/15 revealed multiple myofascial findings in the upper back, right more than left. The back showed a midline scar from L3 to S1. Facet joint and sacroiliac joints were very tender on the right side with positive provocation. Straight leg raise on the right was 80 degrees with a positive Lasegue's sign. Sensation decreased on the right side over L4, L5 and S1. Absent right-sided ankle reflex. In this case, neurological findings would appear to support radiculopathy, but straight leg raise test at 80 degrees is not considered a positive examination finding for radiculopathy. There are no imaging or electrodiagnostic studies provided or discussed in medical records. In addition, the patient presents with low back pain, but denies radiation into the lower extremities, per 01/19/15 report. MTUS requires that radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing. The patient had a lumbar laminectomy in 2004, and treater states per 02/19/15 report that the patient "... had an epidural steroid block before his surgery." Repeat injection would not be supported by MTUS, without documentation of significant improvement lasting at least 6-8 weeks, which has not been provided. Furthermore, ODG does not recommend postoperative lumbar ESI. Moreover, guidelines provided no discussion regarding the use of a catheter. It is not needed, and one can place the needle at the site of problem by doing transforaminal approach. This request is not in accordance with guidelines and lacks documentation and a clear rationale to warrant the procedure. Therefore, the request is not medically necessary.