

<b>Case Number:</b>	CM14-0115114		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old woman who sustained a work-related injury on February 28, 2011. Subsequently the patient developed neck, bilateral shoulder and low back pain. The patient has been treated with medications and physical therapy but her symptoms failed to improve. On November 19, 2013, she had a lumbar epidural steroid injection. The patient indicated that this provided approximately 2 weeks of good relief of pain and reduction in the radiating symptoms down the lower extremities. The patient continued to complain of left shoulder pain and ultimately underwent a left shoulder arthroscopy on January 22, 2014. Subsequently, she had post-operative physical therapy with 24 sessions. The patient complains of constant cervical spine pain, which she rates as 5-8/10. The patient complained of constant left shoulder pain, which she rates as 8-9/10. A physical examination showed cervical tenderness with reduced range of motion. An examination of the bilateral shoulder revealed marked diffuse tenderness about the left shoulder girdle including the superior trapezius, anterior and lateral shoulder girdle, and supraclavicular and intrascapular muscles. An examination of the elbows demonstrated minimal tenderness over the extensor muscles of the forearm and lateral epicondylar region. Examination of the lumbar spine revealed mild tenderness diffusely in the lumbar paraspinal muscles extending to the sacroiliac and gluteal region bilaterally. There is no paravertebral muscle spasm. There is decreased range of motion. The patient was diagnosed with status post left shoulder surgery, cervical and lumbar strains with underlying disc disease. The provider requested authorization for Second Injection Lumbar Transforaminal Epidural Steroid Injection and Epidural Steroid Injection Follow-up Visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Injection Lumbar Transforaminal Epidural Steroid Injection (unspecified Levels and Laterality): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. The provider reported that the patient had a 2 weeks improvement with previous epidural injection; however he did provide objective evidence of improvement in pain and function and any reduction in pain medications. There is improvement beyond 2 weeks after injection. There is no clear recent clinical and radiological evidence of radiculopathy. Therefore, Second Injection Lumbar Transforaminal Epidural Steroid Injection is not medically necessary.

**Epidural Steroid Injection Follow-up Visit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.