

<b>Case Number:</b>	CM14-0122220		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 injured worker is a 57 year old 05/05/2011. The injured worker is reported to have injured her lower back and left hip while she and her colleagues were lifted a heavy amputee from a wheelchair, and turned to lay him in a bed. She has continued to complain of pain in her lower back pain, right upper extremity. The shoulder pain is intermittent, sharp, travels to her neck; it is associated with tingling and numbness from her right shoulder to her neck, hands and fingers, together with sensations of popping, grinding and clicking. The lower back pain is continuous, sharp, shooting, burning and stabbing. The pain is associated with numbness and tingling sensations in her right leg. The physical examination revealed limited lumbar range of motion, spasms of Lumbar muscles, Positive sitting and supine Straight leg raise at 60 degrees on the right, but 75 degrees on the left. There was muscle weakness and diminished sensations in the right lower limb. MRI Lumbar spine dated 05/12/2012, revealed disc disease with L5 nerve root impingement. The injured worker has been diagnosed of intervertebral disc disorder of the lumbar, confirmed by MRI; Lumbar radiculitis/ radiculopathy, sleep disturbance improved with medications, right shoulder impingement syndrome, mild arthritis of the acromioclavicular joint, right shoulder mild infraspinatus tendinosis, confirmed by MRI, Right shoulder mild supraspinatus tendinosis, confirmed by MRI. Treatments include Physical therapy, chiropractic care, Fluoroscopic back injection, acupuncture, back orthosis, Voltaren Gel, Home exercise program, work restrictions. A comprehensive Agreed Orthopedic Panel Qualified Medical Evaluation of 02/13/2014 noted the injured worker was documented to have had the following level of improvement after epidural injections between September to November 2012: the first epidural injection gave 25-30 % relief by the 3rd week, and the injured worker had reduced need for Mobic, the second injection provided 70% improvement by the third month. At dispute is the request for diagnostic Lumbar Epidural Steroid Injection at disc levels L4-L5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Diagnostic Lumbar Epidural Steroid Injection at disc levels L4-L5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): page 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

**Decision rationale:** The injured worker sustained a work related injury on 05/05/2011. The medical records provided indicate the diagnosis of of intervertebral disc disorder of the lumbar, confirmed by MRI; Lumbar radiculitis/ radiculopathy, sleep disturbance improved with medications, right shoulder impingement syndrome, mild arthritis of the acromioclavicular joint, right shoulder mild infraspinatus tendinosis, confirmed by MRI, Right shoulder mild supraspinatus tendinosis, confirmed by MRI. Treatments have included Physical therapy, Chiropractic care, Fluoroscopic back injection, Acupuncture, back orthosis, Voltaren Gel, Home exercise program, work restrictions. A comprehensive Agreed Orthopdic Panel Qualified Medical Evaluation of 02/13/2014 noted the injured worker was documented to have made up to 70% improvement in the pain level, following epidural steroid injections towards the end of 2012. The medical records provided for review indicate a medical necessity for diagnostic Lumbar Epidural Steroid Injection at disc levels L4-L5. The MTUS criteria for Epidural steroid injection include the clinical diagnosis of radiculopathy must be collaborated with either MRI or nerve studies. These conditions were met by the injured worker who is reported to have numbness and tingling sensations in the lower limbs, Positive straight leg raise on the right, motor muscular weakness and diminished sensations on the right lower extremity, as well as MRI finding of nerve root impingement at L5. Additionally, the injured worker achieved greater than 50% improvement over more than eight weeks when she had the previous epidural steroid injection in 2012. The recommended treatment is medically necessary and appropriate.