

<b>Case Number:</b>	CM14-0147386		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/15/1996
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 65-year-old female who reported an injury on 07/15/1996. The mechanism of injury was not submitted for clinical review. The diagnoses included left rotator cuff tear and rotator cuff repair. The previous treatments included medication, surgery, and physical therapy. Within the clinical note dated 08/04/2014 it was reported the injured worker underwent a right shoulder arthroscopy with rotator cuff repair on 02/03/2014. She complained of left shoulder pain. Upon physical examination, the provider noted the injured worker had a positive O'Brien's test of the left shoulder with the range of motion in forward flexion at 130 degrees. The request submitted is for one lumbar L4-5 epidural steroid injection. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Lumbar L4-5 epidural steroid injection mpsc:** Upheld

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

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

**Decision rationale:** The request for 1 lumbar L4-5 epidural steroid injection MPSC is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and the patient must be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. There is a lack of significant neurological deficits (such as decreased sensation or motor strength) in a specific dermatomal or myotomal distribution. There is a lack of imaging studies to corroborate the diagnoses of radiculopathy in the lumbar spine. Additionally, there was a lack of documentation indicating the injured worker had been unresponsive to conservative treatment (including exercise, physical methods, NSAIDs, and muscle relaxants). The provider failed to document any objective findings of the lumbar spine. Therefore, the request is not medically necessary.