

<b>Case Number:</b>	CM14-0161454		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 56 year old female with a date of injury on 10/12/2010. As per 8/5/14 report, she presented with neck and lower back pain that was ongoing with extension to the right leg. She rated her pain at 8/10 with medications. An examination revealed tenderness of the cervical spine with decreased flexion, extension and rotation and tenderness of the lumbar spine and facet joint with decreased flexion, extension and lateral bending. Previous magnetic resonance imaging (MRI) showed right L5 nerve root impingement. Current medications include Norco and Zanaflex. Medications are helping with the pain. She was recommended to have lumbar epidural steroid injection (LESI), L5 transforaminal and was also recommend orthotics for shoes as the pain seems to be worse with foot positioning and walking. Diagnosis includes lumbago, low back pain. The request for L5 Epidural Steroid Injection and Orthotic Shoes was denied on 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection:** Upheld

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

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

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) guidelines, the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per the California Medical Treatment Utilization Schedule (MTUS) guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of epidural steroid injection (ESIs) include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroid anti-inflammatory drugs [NSAIDs] and muscle relaxants). In this case, there is no record of a detailed history and clinical examination. There is no record of official magnetic resonance imaging (MRI) report. There is no documentation of trial and failure of conservative management such as physiotherapy (i.e. physical therapy [PT] progress notes). Furthermore, the site for epidural steroid injection (ESI) has not been specified. Therefore, the medical necessity of the request for epidural steroid injection (ESI) is not established per guidelines and due to lack of documentation.

**Orthotic Shoes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG - Treatment in Workers Compensation (TWC); Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Orthotics.

**Decision rationale:** The evidence based guidelines do not address the request in low back pain. Furthermore, the American College of Occupational and Environmental Medicine (ACOEM) guidelines state that Orthotics are commonly recommended by allied practitioners who hypothesize foot alignment disorders as the etiology or strong risk factor for tarsal tunnel syndrome (TTS). Orthotics have been used to correct the defects of pronation and pes planus. Orthotics are often prescribed to treat underlying alignment disorders (pes planus, valgus hindfoot deformity, varus hindfoot deformity, generalized joint hypermobility). In this case, there is no documented evidence of any of the above disorders. Thus, the request is not medically necessary.