

<b>Case Number:</b>	CM14-0090937		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/27/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury 4/27/2007. Per primary treating physician's orthopedic re-evaluation with request for authorization dated 5/5/2014, the injured worker complains of constant slight to intermittent moderate and occasionally severe low back pain which radiates down her right lower extremity to the foot with numbness and tingling. She notes pain intensity with prolonged sitting, standing and cold weather. She notes spasm, stiffness and tightness of her low back. She notes sleep disruption due to her symptoms. She complains of intermittent moderate and occasionally severe neck pain which radiates down her upper extremities to the hands. She notes pain intensity increases with prolonged positioning. She notes spasms, stiffness, tightness and occasional clicking. She complains of frequent headaches. She complains of moderate and occasionally severe right shoulder pain which increases in intensity after prolonged positioning, overhead reaching and with cold weather. She complains of intermittent moderate and occasionally severe right elbow pain felt deep inside the joint which increases in intensity with flexion and extension of her arm. She notes mild stiffness. She complains of intermittent moderate and occasionally severe right wrist pain over the entirety of the wrist and hand. She notes numbness and tingling of her third, fourth and fifth digits. She notes pain intensity increases with gripping, grasping, pulling and/or pushing. She notes weakness of her right hand. She is not undergoing physical therapy treatment. She is taking Norco 2-3 pills per day, Soma 2 pills per day and Fioricet as needed. On examination the lumbar spine reveals flexion is 35 degrees, extension is 5 degrees. There is facet loading signs bilaterally. Straight leg raise test is negative. Gross motor strength of quadriceps, extensor hallucis longus, ankle inversion and eversion is 5-/5 on the right and 5/5 on the left. Patellar deep tendon reflex is absent bilaterally. Achilles deep tendon reflex is trace bilaterally. Diagnoses include 1) status post removal of artificial disc, C4-5, with anterior cervical discectomy and

fusion, C4-5 8/22/2011. Prior total disc arthroplasty, C4-5 and C5-6 3/28/2011 2) sprain/strain, ulnar neuritis, right elbow 3) sprain/strain, right shoulder, mild subscapularis tendinosis, right bicipital tendinitis 4) carpal tunnel syndrome, left wrist 5) right carpal tunnel syndrome, status post right carpal tunnel release 2/3/2010 6) sprain/strain lumbar spine, disc desiccation, L3-4, L4-5, L5-S1, disc bulge L3-4 (2 mm), L4-5 and L5-S1 (3 mm), mild narrowing of the lateral recesses, L3-4 and L5-6, mild narrowing of thecal sac, L4-5, mild bilateral neural foraminal narrowing L5-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar ESI (Epidural Steroid Injection) at L3-L4: Overturned**

**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 Page(s): 46.

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, however a third ESI is rarely recommended. An ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The requesting physician explains that the injured worker continues to experience significant pain with radiculopathy which is consistent with MRI findings of multiple level disc bulges. She also complains of sleep disturbance secondary to the lumbar spine symptoms. The physical examination findings include motor weakness of the right lower extremity, absent and trace deep tendon reflexes. The last epidural injection she received was on 8/28/2013 with documented improvement which lasted a few months, then the pain gradually returned to the pre-injection level. She has signs and symptoms consistent with new onset of L3-4 radiculopathy with quadriceps weakness which has not responded to analgesics and/or activity modification. The request for Lumbar ESI (Epidural Steroid Injection) at L3-L4 is determined to be medically necessary. The requesting physician explains that the injured worker continues to experience significant pain with radiculopathy which is consistent with MRI findings of multiple level disc bulges. She also complains of sleep disturbance secondary to the lumbar spine symptoms. Physical examination findings include motor weakness of the right lower extremity, absent and trace deep tendon reflexes. The last epidural injection she received was on 8/28/2013 with documented improvement which lasted a few months, then the pain gradually returned to the

pre-injection level. She has signs and symptoms consistent with new onset of L3-4 radiculopathy with quadriceps weakness which has not responded to analgesics and/or activity modification. The request for Lumbar ESI (Epidural Steroid Injection) at L3-L4 is determined to be medically necessary.