

<b>Case Number:</b>	CM14-0210885		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/11/2004
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Emergency 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:

Patient with reported date of injury on 3/11/2004. Mechanism of injury was not documented. Patient has a diagnosis of occipital neuropathy/neuralgia, cervical sprain, cervical disc bulge with radiculopathy, anxiety/depression, chronic pain, disc bulge lumbar, lumbar facet hypertrophy, lumbar radiculopathy, bilateral shoulder impingement, bilateral elbow epicondylitis and shoulder pain. Medical reports reviewed. Last report available until 11/6/14. Note on 11/6/14 was basically just a request for procedures. No exam or history was done. No rationale for requested procedures were documented. Last full proper progress note is dated 10/2/2/14. Patient complains of neck, low back and L shoulder pain. Pain is stable. Pain is 8/10. Also has knee pain. Objective exam reveals normal gait. Depressed with moderate pain. Cervical, lower extremity and upper extremity exams were reviewed. Lumbar spine exam revealed paravertebral muscle, hypertonicity, spasms, tenderness and tight muscle band and trigger point with claimed trigger points. Also noted coccyx, posterior iliac spine and sacroiliac joint pain. Spinous process tenderness at L3-S1. Lumbar facet loading is negative. Straight leg raise is positive on both side. Neurological exam noted no sensory deficits or weakness in lower extremity. An EMG of bilateral lower extremities was reportedly done but the report was not mentioned in progress notes and the full report was not provided for review. MRI of lumbar spine(10/16/12) revealed disc degeneration and narrowing at L4-5 and to a lesser extent to L3-4. 4mm disc protrusion noted at L3-4 and L4-5 and L5-S1. Moderate neuroforamial encroachment. Current medications include Zanaflex, Ultracet, Topical cream, Aspirin, lisinopril and Metformin. Independent Medical Review is for Lumbar Epidural Steroid Injection and Trigger Point Injection for lumbar spine L4-5. Prior Utilization Review on 12/2/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection and Trigger point Injection for the Lumbar spine L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This request are 2 different procedures done as a single request. If epidural steroid injection is not medically necessary, the requested trigger point injection will also be considered not medically necessary. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may recommend if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has been stable on medications and the conservative treatment appears to be helpful. Fails criteria.3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient had reported recent EMG but no report was provided for this review. Exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. The patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary. Since Lumbar Epidural Steroid Injection is not medically necessary, trigger point injections is also considered not medically necessary.