

<b>Case Number:</b>	CM14-0067073		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Family Practice, and is licensed to practice in North Carolina. 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 patient is a 59-year-old with a reported date of injury of 10/07/2013. The patient has the diagnoses of cervical sprain/strain, spondylolisthesis with disc protrusion at L5-S1, lumbar radiculopathy, disc protrusion with annular tear at L4/5 and rotator cuff tear. Physician notes dated 04/01/2014 indicate the patient had continued shoulder, neck and back pain. The physical exam noted decreased lumbar range of motion, positive straight leg raise test on the right and dermatomal changes at the L5-S1 level on the right. Treatment plan recommendations included lumbar transforaminal epidural injections at L5/S1 on the right, psychology evaluation, medication modification and orthopedic consult for the shoulder. Orthopedic consult recommended surgical intervention for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Transforaminal Epidural injection at the L5-S1 level on the right side, left back:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability guidelines

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The physical exam just states non-specific dermatomal changes in the L5/S1 dermatome. The EMG from 02/2014 does not corroborate this and instead shows diffuse polyneuropathy. Therefore criteria per the California MTUS for ESI have not been met and the request is not certified.