

<b>Case Number:</b>	CM15-0010962		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 70 year old male, who sustained an industrial injury on July 12, 2011. He has reported severe neck pain radiating to the shoulder, low back pain radiating to the lower extremity and great toe and right knee pain and was diagnosed with right ankle sprain/strain, anterior talofibular tendinopathy, osteochondral defect, right cervical radiculopathy, thoracic sprain/strain, lumbar and sacral radiculopathy and bilateral wrist sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, pain medications, work restrictions and activity modifications. Currently, the IW complains of severe neck pain radiating to the shoulder, low back pain radiating to the lower extremity and great toe and right knee pain. The injured worker reported an industrial injury in 2011, resulting in severe neck pain radiating to the shoulder, low back pain radiating to the lower extremity and great toe and right knee pain. It was noted he had several steroid injections with some noted relief, temporarily reducing the chronic pain from a 10 to a 2 on a one to 10 scale when used with rest and pain medications. Electrodiagnostic studies in 2013 revealed right cervical, lumbar and sacral radiculopathies. Evaluation on September 2, 2014, revealed pain in the lumbar region with movement. On September 29, 2014, electromyelogram revealed lumbar and sacral radiculopathies. Evaluation in November, 2014, revealed continued pain. On December 17, 2014, Utilization Review non-certified a request for right lumbar 4-5 and lumbar 5-sacral 1 transforaminal epidural steroid injection, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for

review of requested right lumbar 4-5 and lumbar 5-sacral 1 transforaminal epidural steroid injection.

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

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

#### **Right L4/5 and L5/S1 transforaminal Epidural Steroid Injection (ESI): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that 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 American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The primary treating physician's progress report dated November 20, 2014 and January 15, 2015 did not document radicular pain. Radiculopathy was not documented on physical examination. Per MTUS, radiculopathy must be documented by physical examination. Because radiculopathy was not demonstrated, epidural steroid injections are not supported by MTUS guidelines. Therefore, the request for lumbosacral epidural steroid injections is not medically necessary.