

<b>Case Number:</b>	CM15-0114411		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 64-year-old female, who sustained an industrial injury on 3/3/10. She reported initial complaints of a slip/fall injury. The injured worker was diagnosed as having myoligamentous strain of the thoracic/ lumbar spine; status post left shoulder arthroscopic surgery. Treatment to date has included physical therapy; lumbar epidural steroid injections (2012; 2013); status post left shoulder arthroscopic surgery; medications. Diagnostics included EMG/NCV study lower extremities (11/2011); MRI lumbar spine (5/2012); MR Arthrogram left shoulder. Currently, the PR-2 notes dated 10/21/14 indicated the injured worker complains of sharp headaches occurring intermittently. She has dull to sharp pain in her neck, occurring most of the time, radiating to the bilateral trapezius. The pain is aggravated by lifting her head. She complains of dull to sharp pain in the lower back, occurring most of the time, radiating to the left leg, with numbness and tingling, weakness on the left leg. The pain is aggravated by lifting, sitting, bending, pushing and pulling. She complains also of dull to sharp pain in the left shoulder, occurring sometimes. On physical examination the provider notes upper extremities range of motion of the shoulders bilaterally on flexion and abduction are 145/145 with a normal being 180 degrees. Passive range of motion equals active. Resistance against forward flexion, elevation with the hands pronated, external rotation does not produce pain. Impingement sign is negative. The drop arm test is negative; arc of motion is normal. There is a negative hesitation test and good stability and no tenderness. The thoracolumbosacral spine and lower extremities notes a normal gait with walk on heel and toes without difficulty; deep knee bend and arise

without difficulty. Thoracic range of motion is somewhat limited; lumbar spine range of motion notes flexion 30/90, extension 20/30, and right bending 20/30 and left 30/30. There is tenderness of the erector spine mass musculature, midline lumbar spine L4-S1. X-rays of the lumbar spine dated 9/22/14 reveal lumbar multilevel degenerative disc disease particularly at L2-3 and L3-4. The thoracic spine reveals degenerative changes of the thoracic spine with scoliosis. The provider has prescribed on this date medications: Cyclobenzaprine 7/5mg; Hydrocodone Bit/Acet 2.5/325mg; Hydrocodone Bit/Acet 10/325mg; Butal/Bital/APPA 50/325/40mg; Tramadol 50mg; Tramadol ER 150mg and Tramadol 37.5mg/325mg. The provider has requested authorization of a Pain management consultation for possible lumbar epidural steroid injections x3.

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

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

**Pain management consultation for possible lumbar epidural steroid injection x 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states,"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" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."The most recent medical records do not document results of conservative treatment. There is no mention of attempted exercises or other physical methods. The review summary suggests prior epidural steroid injections but the submitted medical records do not indicate the results of these treatments. As such, the request for Pain management consultation for possible lumbar epidural steroid injection x 3 is not medically necessary.