

<b>Case Number:</b>	CM15-0040357		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 is a 60 year old female, who sustained an industrial injury on March 8, 2011. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having lumbar disc disease and lumbar radiculopathy. Treatment to date has included right shoulder surgery in 2009, bilateral cubital tunnel release, left L3-L4 and right L5-S1 transforaminal epidural steroid injection (ESI) on October 17, 2014, and medication. Currently, the injured worker complains of neck, shoulder, elbow, and arm pain, with paresthesia affecting the forearms and occasionally the fourth and fifth digits. The Treating Physician's report and electromyography (EMG)/nerve conduction study (NCS) dated January 20, 2015, noted mild tenderness over the surgical scars at the elbows and right shoulder, with mild limitations in right shoulder motion secondary to pain. The Physician noted no electrical evidence of bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, cervical radiculopathy or brachial plexopathy affecting C5 through T1 lower motor nerve fibers of the bilateral upper extremities or the cervical paraspinals. No electrical evidence of peripheral neuropathy or mononeuropathy affecting bilateral upper extremities was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second diagnostic left L3-L4 and right L5-S1 transforaminal epidural steroid injection:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. 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. 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. Most current guidelines recommend no more than 2 ESI injections. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. The utilization review determination letter dated 02-12-2015 documented that two days before, on 02-10-2015, a second round of diagnostic left L3-L4 and right L5-S1 transforaminal epidural steroid injections were certified. Therefore, the 2/12/15 request would represent a third round of epidural steroid injections submitted two days after the second round of epidural steroid injections were certified. Per MTUS, a maximum of two epidural injections should be performed. No more than 2 epidural steroid injections are recommended. Therefore, a request for a third round of epidural injections is not supported by MTUS guidelines. Therefore, the request for diagnostic left L3-L4 and right L5-S1 transforaminal epidural steroid injections is not medically necessary.