

<b>Case Number:</b>	CM15-0069791		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Indiana, New York  
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 51 year old female who sustained an industrial injury on May 18, 2010. Previous treatment includes medications. Currently the injured worker complains of right shoulder pain. Diagnoses associated with the request include whiplash sprain/strain, lumbar sprain/strain, shoulder sprain/strain, sciatica, lateral epicondylitis and lumbar spine displacement. The treatment plan includes lumbar spine epidural steroid injections, work restrictions and internal medicine evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L5-S1 level:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L5-S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are whiplash sprain/strain; lumbar sprain/strain; sciatica; shoulder sprain/strain; lumbosacral IVD displacement; lateral epicondylitis; and diabetes. The request for authorization is dated March 30, 2015. A largely illegible handwritten fill in the blank progress note dated March 18, 2015, subjectively, states the right shoulder 50% (remainder of sentence is illegible). There is no objective physical examination documented in the medical record. There is no objective evidence of radiculopathy. The treatment plan states (illegible requesting provider) has requested an ESI L/S. There is no clinical rationale for an epidural steroid injection. Consequently, absent clinical documentation demonstrating objective evidence of radiculopathy and a clinical rationale for an ESI in conjunction with illegible progress notes, lumbar epidural steroid injection at L5-S1 is not medically necessary.