

<b>Case Number:</b>	CM15-0079352		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/03/2002
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on March 3, 2002. The injured worker has been treated for low back, left lower extremity and right shoulder complaints. The diagnoses have included chronic pain syndrome, lower extremity neuropathic pain, chronic thrombophlebitis, right rotator cuff tear, left knee derangement, lumbar radiculopathy and depressive disorder secondary to chronic pain. Treatment to date has included medications, radiological studies, a home exercise program and lumbar surgery. Current documentation dated March 18, 2015 notes that the injured worker reported right shoulder and low back pain with lower extremity pain to the feet. Associated symptoms included burning, numbness and tingling. Examination of the low back revealed tenderness to palpation, muscle spasms and a decreased range of motion. A straight leg raise test was positive bilaterally. Examination of the right shoulder revealed tenderness to palpation over the acromioclavicular joint and a decreased range of motion. The treating physician's plan of care included a request for a transforaminal epidural steroid injection under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-5 & L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Chapter: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the 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" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant's prior MRI from 5/2013 does not indicate any nerve compression or canal stenosis. Although the claimant has radicular findings on exam, the claimant does not have imaging or diagnostics to corroborate. As a result the request for an ESI is not medically necessary.