

<b>Case Number:</b>	CM13-0037664		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is 58 year old female with date of injury 10/01/2012. The most recent medical record, a qualified medical examination, dated 10/23/2013, lists subjective complaints as pain in the back, bilateral upper extremities, left leg and right knee. Objective findings: Examination of the lumbar spine revealed no tenderness to palpation or muscle spasm. Range of motion was normal. Examination of the bilateral arm/elbow revealed diffuse tenderness over the lateral elbow and dorsal proximal forearm extensor musculature bilaterally. Range of motion was normal. Examination of the bilateral wrist/hand revealed tenderness to palpation over the right first dorsal web space and thumb adductor muscle. No soft tissue or joint crepitus was noted. Range of motion was normal. Diagnosis: 1. bilateral elbow forearm myofascial strain 2. Right wrist/hand sprain/strain 3. Thoracolumbar sprain/strain with underlying degenerative spine changes 4. Lumbar stenosis and secondary radiculopathy 5. Right knee contusion/sprain 6. Secondary right knee synovitis and joint effusion. The physical medicine and rehabilitation physician who requested the second lumbar epidural steroid injection states in his note of 11/19/2013 that the patient received her initial injection on 06/18/2013 and that she was still enjoying 50% relief of her pain 5 months later.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL at L4-5:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Â§Â§9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that 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. The patient had good result with her first epidural steroid injection, relieving her pain by 50% for 5 months. One additional lumbar epidural at L4-5 is medically necessary.