

<b>Case Number:</b>	CM14-0119579		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/09/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

The patient is a 52 year old female who was injured on 6/9/2007. The diagnoses are left elbow, bilateral shoulders pain and low back pain. The MRI of the lumbar spine is significant for mild disc bulges, facet hypertrophy and neural foraminal narrowing. On 5/19/2014, [REDACTED] noted subjective complaints of left elbow pain. The patient was status post left elbow surgery. The pain score for the left elbow was 6/10 on a scale of 0 to 10. There was no documentation of motor, sensory or neurological deficits indicating lumbar radiculopathy. The medications are gabapentin, Norco and Celebrex for pain. A Utilization Review determination was rendered on 7/8/2014 recommending non certification for lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back Pain

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized when conservative treatments for lumbar radiculopathy have failed. The records did not show subjective or objective findings indicative of lumbar radiculopathy. The chief complaint noted in all the available clinical records was left elbow pain. The MRI of the lumbar spine was significant for mild degenerative changes without significant nerve impingement or stenosis. The criteria for lumbar epidural steroid injection was not met.