

<b>Case Number:</b>	CM15-0003456		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/29/1998
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 69 year old male who sustained a work related injury January 29, 1998. According to documentation, he sustained multiple injuries to his hands and upper extremities secondary to typing. Past surgical history includes skin cancer excision 1995, hemorrhoidectomy 1996, trigger finger release left and right hands 1998, lumbar microdisectomy 2001, carpal tunnel/cubital trigger finger release 2007, knee arthroscopy meniscus repair 2010 and anterior cervical disectomy and fusion 2010. Past medical history includes hypertension, lumbago, arthritis, joint pain and anxiety. A new patient office visit dated November 19, 2014, documents the diagnoses lumbago, spinal stenosis lumbar, trigger finger, general osteoarthritis, generalized anxiety, pre-patellar bursitis, carpal tunnel syndrome and obesity. Treatment plan included medications and education of condition. A physician's consultation report, dated November 21, 2014, reveals right trigger thumb synovitis. There is soft tissue swelling over the right hand trigger thumb with clicking and popping. An ultrasound of the right thumb revealed A1 tenosynovitis and synovitis (report not present in medical record). The injured worker received an injection of Lidocaine and Depo-Medrol in the right thumb and a thumb spica brace. According to utilization review performed December 8, 2014 the request for Epidural, Lumbar is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural; Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with trigger finger and shoulder, back, and knee pain. The request is for EPIDURAL, LUMBAR. The RFA is not included. Per consultation report dated 11/21/14, the patient diagnosis included right trigger thumb synovitis, lumbago, and spinal stenosis-lumbar. Per the denial letter dated 12/08/14, physical examination to the lumbar spine revealed decreased lumbar range of motion and tenderness to palpation. Muscle strength and reflexes were normal. Physical therapy was recommended but the patient was not interested. The patient is retired. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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." The medical records provided did not include any information regarding lumbar physical examinations, prior lumbar injections, MRI studies or EMG tests. Guidelines state that radiculopathy must be noted on examination and corroborated by MRI and/or electrodiagnostic testing. In this case, there is no clear description of the subjective radicular complaints that are corroborated by MRI, objective exam, and EMG/NCV. In addition, there is no documentation as to which approach and which level the lumbar epidural is being requested for. Given the lack of a clear documentation as required by MTUS, the request IS NOT medically necessary.