

<b>Case Number:</b>	CM15-0102193		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old male who sustained an industrial injury on September 5, 2014. He has reported pain to the cervical spine, thoracic spine, lumbar spine, left shoulder, left elbow, and left wrist and hand and has been diagnosed with cervical spondylosis without myelopathy, thoracic spondylosis without myelopathy, lumbar spondylosis without myelopathy, partial tear of rotator cuff tendon of the left shoulder, lateral epicondylitis of the left elbow, carpal tunnel syndrome, and tendonitis/bursitis of the left hand/wrist. Treatment has included physical therapy, medications, chiropractic care, medical imaging, home exercise program, and modified work duty. There was +1 spasm and tenderness to the bilateral paraspinal muscles from C2-C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. The left triceps were decreased. There was a trigger point to the bilateral thoracic paraspinal muscles from T2 to T8. There was +1 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-L5 and multifidus. There was +3 spasm and tenderness to the left rotator cuff muscles and left upper shoulder muscles. There was + 3 spasms and tenderness to the left lateral epicondyle. Cozen's test was positive on the left. There was +1 spasm and tenderness to the wrist and hands, bracelet test was positive on the left. Phalen's test was positive bilaterally. The treatment request included a 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 Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and continues to be treated for back pain. When seen, there was pinching pain. There was a decreased left knee reflex. An MRI of the lumbar spine is referenced as showing bilateral foraminal narrowing at L5/S1 affecting the L5 nerves. Prior treatments have included physical therapy and medications. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a decreased left knee reflex and imaging shows findings of foraminal stenosis. However, there are no reported radicular symptoms such as lower extremity numbness, tingling, or pain. Therefore, the requested epidural steroid injection is not medically necessary.