

<b>Case Number:</b>	CM15-0104879		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	07/13/2006
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 71 year old male who sustained an industrial injury to his left foot, right knee, right shoulder, right elbow and lumbosacral spine on 07/13/2006 when he was run over by a forklift. The injured worker was diagnosed with fractures of the 3rd and 5th metatarsals of the left foot, meniscus tear, lumbar disc protrusion and bilateral shoulder impingement. The injured worker is status post right knee meniscectomy, tricompartmental synovectomy and removal of chondral loose bodies in February 2007 and a right subacromial decompression, bursectomy and rotator cuff repair in August 2007. Treatment to date includes diagnostic testing with recent lumbar magnetic resonance imaging (MRI) in March 2014, surgery, physical therapy, epidural steroid injection, psychological evaluation and follow-up and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience left shoulder and low back pain rated at 6/10 on the pain scale, right shoulder and left ankle/foot pain rated 5/10 and right elbow pain rated at 3/10. Examination demonstrated tenderness of the right knee which lacked 5 degrees extension and 90 degrees flexion with pain. The lumbar spine was tender with limited range of motion due to pain with a positive right straight leg raise. There was diffuse bilateral right and left tenderness documented. Current medications are listed as Hydrocodone, Naproxen, Ambien and Pantoprazole. Treatment plan consists of physical therapy for the lumbar spine and right knee, viscous supplementations to the right knee, medications and the current request for an epidural steroid injection L4-5 and L5-S1 in the therapeutic phase.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Epidural injection in the therapeutic phase (L4-5 and L5-S1): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 2006 and continues to be treated for left shoulder and low back pain with radiating lower extremity symptoms. When seen, he was having increasing low back and right lower extremity symptoms. Pain was rated at 6/10. There was decreased and painful lumbar spine range of motion with tenderness and a positive right straight leg raise. A prior epidural injection had provided 70% decreased radicular pain lasting for more than six weeks with improved range of motion. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the documentation by the requesting provider indicates that the requested epidural injection is within applicable guidelines and therefore can be considered medically necessary.