

<b>Case Number:</b>	CM15-0107265		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 58 year old female, who sustained an industrial injury on September 22, 2011. The injured worker has been treated for neck, left shoulder, back, wrist, and hand and knee complaints. The injured workers injuries were noted to be related to her usual and customary duties as a machine operator. The diagnoses have included cervical spine sprain/strain, cervical spine multilevel disc protrusions, cervical spine stenosis, and left shoulder impingement syndrome, left shoulder tendinitis, bilateral carpal tunnel syndrome, lumbar disc protrusions, chronic lumbago and bilateral knee sprain/strain. Treatment to date has included medications, radiological studies, MRI, shoulder injections and physical therapy. Current documentation dated April 17, 2015 notes that the injured worker reported ongoing neck, back, right shoulder, right trochanter bursa and right hand and wrist pain. The low back pain was noted to radiate to the right lower extremity with new onset down the left lower extremity. The pain was rated a six out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles bilaterally. Sensation was intact in the bilateral lower extremities. A straight leg raise was positive in the bilateral lower extremities. The treating physician's plan of care included a request for a transforaminal epidural injection to lumbar four-lumbar five.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Transforaminal epidural steroid injection L4-L5: Upheld**

**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 Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury with date of injury in September 2011 and is being treated for radiating low back pain. When seen, pain was rated at 8-10/10 and radiating into both lower extremities. There was lumbar tenderness with decreased lower extremity strength and positive straight leg raising. An MRI is referenced as showing moderate to severe lower lumbar facet arthropathy. 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 decreased lower extremity strength and positive straight leg raising. However, there is no documentation of neural compromise by the MRI performed. Since there is no documentation corroborating the claimant's symptoms or physical examination findings by objective means, the request cannot be accepted as being medically necessary.