

<b>Case Number:</b>	CM15-0138757		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/27/2005
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 48-year-old female who sustained an industrial injury on 08/27/2005. Mechanism of injury was not found in documents present for review. Diagnoses include low back pain, carpal tunnel syndrome, cervical facet syndrome, cervical radiculopathy, shoulder pain, and lumbar facet syndrome. Treatment to date has included diagnostic studies, medications, multiple bilateral transforaminal lumbar epidural steroid injections, and cervical nerve blocks. Current medications include Celebrex, Prilosec, Lyrica, Lidoderm 5% patches, Norco, simvastatin, Lisinopril, Ropinirole and Phentermine. An unofficial report of a Magnetic Resonance Imaging of the lumbar spine done on 01/20/2012 revealed degenerative disc changes at L4-5 and L5-S1 level where there is a degeneration and minimal disc space narrowing is noted at L5-S1, minimal degenerative facet joint changes present at both L4-5 and L5-S1 level and a broad based disc bulge at L5-S1 level has resulted in minimal inferior foraminal stenosis with no nerve impingement. A physician progress note dated 06/16/2015 documents the injured worker has increased pain since the last visit and rates her pain with medications as 7 out of 10 on a scale of 1 to 10 and without medications, her pain is rated a 9 out of 10. Her quality of sleep is poor. Activity level is the same. She has a left sided antalgic gait and uses no assistive devices. Cervical spine range of motion is restricted with paravertebral muscle tenderness on the left side. The lumbar spine range of motion is restricted and the paravertebral muscles have tenderness on both sides to palpation. Lumbar facet loading is positive on both sides. Straight leg raising is positive on both sides in sitting at 35 degrees. There is tenderness noted over the sacroiliac spine. Her right shoulder has restricted range of motion and is limited by pain. Hawkins test is positive. The right wrist is tender to palpation over the medial epicondyle and Tinel's is positive. Her right hand is tender to palpation over the thenar eminence and her left hand is tender to palpation over the metacarpophalangeal joint of the thumb and the thenar eminence. Finkelstein's test is positive. Her left knee reveals tenderness to palpation over the

lateral joint line and medial joint line. Treatment requested is for bilateral L4 transforaminal lumbar epidural injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral L4 transforaminal lumbar epidural injection:** Upheld

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

**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 August 2005 and continues to be treated for chronic pain including chronic low back pain with radiculopathy. Treatments have included multiple lumbar transforaminal epidural steroid injections last done on 03/03/15. When seen in February 2015 she was having increased pain rated at 7/10. One week after the injection on 03/10/15 pain was rated at 6/10. In April 2014, six weeks after the injection pain was rated at 5/10. When seen, pain was rated at 7/10. Physical examination findings included a BMI of over 56. There was decreased and painful lumbar spine range of motion with muscle tenderness and positive facet loading. Straight leg raising was positive. There was decreased lower extremity strength and sensation. In the therapeutic phase guidelines recommend that repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, pain relief of at least 50% is not documented at any follow-up visit after the most recent transforaminal epidural steroid injection. The requested repeat lumbar epidural steroid injection was not medically necessary.