

<b>Case Number:</b>	CM15-0160216		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2015

### 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 55 year old male who sustained an industrial-work injury on 3-17-08. He reported an initial complaint of back pain. The injured worker was diagnosed as having disc herniation at L4-5 and L5-S1, bilateral neural stenosis, bilateral carpal tunnel syndrome, bilateral elbow tendinitis, and bilateral shoulder tendinitis. Treatment to date includes medication, physical therapy, chiropractic care, epidural steroid injection. MRI results were reported on 5-19-15 of the lumbar spine noted disc bulge and foraminal narrowing along with bilateral facet joint hypertrophy. Currently, the injured worker complained of ongoing back pain rated 8-9 out of 10, intermittent right sided radicular pain. Per the primary physician's report (PR-2) on 6-12-15, exam noted tenderness to palpation to right paraspinals, reduced range of motion, and normal sensory and motor findings. The requested treatments include 1 Epidural injection at L4-5 on right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Epidural injection at L4-5 on right side: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (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 has a remote history of a work injury occurring in March 2008 and continues to be treated for bilateral shoulder and elbow pain, hand numbness and radiating elbow pain, and worsening low back pain with intermittent right lower extremity radiating symptoms. Treatments have included physical therapy, medications, chiropractic treatments, and an epidural injection had been performed without improvement. An MRI of the lumbar spine in May 2015 included findings of multilevel disc bulging with moderate bilateral foraminal narrowing and facet hypertrophy. When seen there was right lumbar paraspinal tenderness with decreased range of motion. Physical examination findings included a detailed sensory and motor examination which was normal and lower extremity reflexes were symmetrical. 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, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. Additionally, a prior lumbar epidural steroid injection had been ineffective. The requested epidural steroid injection was not medically necessary.