

<b>Case Number:</b>	CM15-0205497		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/21/1993
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 59 year old female, who sustained an industrial injury on 1-21-93. The injured worker was diagnosed as having lumbar sprain-strain; cervical sprain and strain. Treatment to date has included medications. Currently, the PR-2 notes dated 10-12-15 indicated the injured worker complains of "a lot of pain all over." The provider continues with objective findings notes "Dorsolumbar pain and tenderness with spasm with limitation to flexion and extension, sacroiliac joint tenderness present bilaterally." The provider does not document any other medical information on this PR-2 except the request for "injection lumbar epidural." Same provider with PR-2 notes dated 10-7-15 indicates the injured worker was in his office for "body aches are present and hands numb." He continues documentation of "Low back pain radiating into legs worse at times. Thoracic pain is stable but feeling worse. Restless leg syndrome is stable with Lyrica and he has left upper extremity pain." He reviews his clinical history since 2011 with complaints at that time of pain in upper and low back taking 6 pill of Norco a day. The note jumps to 2014 with having pain all of the time. He stopped taking medications except for Inderal, Soma and Butrans patch due to gastroparesis. In 2015 the provider notes low back pain is present with main in the mid thoracic area and medications have been denied. He reviews an EMG-NCS from 7-12-10 which reveals an abnormal study with mild median neuropathy at the wrists with no evidence of lumbar-cervical radiculopathy. Current medications in 2015 are Inderal LA, Lyrica and Soma. The provider documents a physical examination noting "low back pain - dorsolumbar pain and tenderness with spasm with limitation to flexion and extension; sacroiliac joint tenderness present bilaterally." There is no other documentation of prior conservative care such as physical therapy, home exercise; x-rays or MRI studies for the lumbar spine. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 10-15-15 and non-certification for Lumbar Epidural Injection (L4-5). A request for authorization has been received for Lumbar Epidural Injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant has a remote history of a work injury in January 1993 and is being treated for radiating low back pain and left upper extremity pain. Electrodiagnostic testing in July 2010 is referenced as negative for lumbar or cervical radiculopathy with positive findings of mild bilateral carpal tunnel syndrome. When seen, she had worsening radiating low back pain into the legs. Medications were not being covered and she was having pain all over. Physical examination findings included dorsolumbar and sacroiliac joint tenderness. There was limited lumbar range of motion with spasms. A normal neurological examination is documented. A lumbar epidural steroid injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy 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 supports a diagnosis of radiculopathy. The requested epidural steroid injection is not considered medically necessary.