

<b>Case Number:</b>	CM15-0213673		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male who sustained an industrial injury March 15, 2013. Diagnoses are discogenic lumbar condition; impingement syndrome of the right shoulder with bicipital tendonitis and joint wear; chronic pain syndrome with associated sleep, depression and stress. According to a treating physician's progress report dated September 22, 2015, the injured worker had an MRI of the lumbar spine March 9th, showing two-level disc disease at L4-5 and L5-S1 with facet arthritis L4-L5. An MRI of the right shoulder was also done at that time showing tendinosis along the supraspinatus and infraspinatus with low-grade bursal side and intrasubstance tearing of the supraspinatus and infraspinatus and mild osteoarthritis along the AC (acromioclavicular) joint on the right side. He uses a four lead TENS unit and has access to a collar with gel, neck pillow, hot and cold wrap, as well as a back brace. Chores around the house are minimized and he might lift up to 10 pounds and has limitation reaching and with overhead activities. He has decided to postpone surgery waiting for his wife to come into the country. He is status post two injections to the right shoulder. Objective findings included; impingement sign positive along the shoulder with weakness to resisted function; tenderness along the lumbar spine with facet loading positive, weakness to resisted function along the left lower extremity. At issue, is the request for authorization, dated September 22, 2015, for lumbar transforaminal epidural steroid injection. According to utilization review dated September 29, 2015, the request for a Transforaminal Epidural Steroid Injection is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal epidural steroid injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the medical records do not establish clinical objective findings of radiculopathy stemming from the lumbar spine. The medical records also do not establish imaging or electrodiagnostic studies supporting a diagnosis of radiculopathy. The request for Lumbar transforaminal epidural steroid injection is not medically necessary or appropriate.