

Case Number:	CM15-0089607		
Date Assigned:	05/14/2015	Date of Injury:	05/01/2013
Decision Date:	06/15/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 28 year old female, who sustained an industrial injury on 05/01/2013. According to a progress report dated 04/24/2015, the injured worker experienced constant pain in her upper and lower back that ranged from 6-8 on a scale of 1-10. She reported constant pain in her right shoulder and left knee that varied from 5-8 without medications. She noticed frequent pain and numbness in her left leg. She noted pain in her right hand. She felt that her depression had been getting worse. She noted 60-70 percent improvement in both her pain and functional ability with her current medications which decreased her pain to 2-3 and allowed her perform activities of daily living with greater ease such as sitting, walking, bending, lifting, bathing, cooking, sleeping and socializing. Physical examination demonstrated slightly restricted range of motion of the right shoulder in all planes, moderately restricted range of motion of the thoracic and lumbar spine in all planes, multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature and gluteal muscles, slightly decreased range of motion of the left knee in all directions, no knee effusion, tenderness to palpation of the left knee and positive McMurray's & Apley's test on the left. The injured worker could not perform heel-to-toe gait due to pain in the left knee. She demonstrated a limp and was ambulating with a cane. Sensation to fine touch and pinprick was decreased in the lateral aspect of the left calf. The upper proximal muscle could not be tested on the right due to pain in the right shoulder. Diagnoses included injury to left knee with internal derangement, chronic myofascial pain syndrome thoracolumbar spine moderate to severe (compensatory/secondary injury), chronic sprain injury right shoulder (secondary injury due to use of cane) and abnormal

MRI of the lumbar spine showing 7.5 mm disc protrusion at L4/5 level. The MRI report was not submitted for review. The injured worker received 4 trigger point injections. Treatment plan included Naproxen, Tramadol HCL ER and Wellbutrin SR, home muscle stretching exercises, swimming pool exercises and deep breathing type meditation. Currently under review is the request for one lumbar epidural steroid I injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back: Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back:Table%202,Summary%20of%20Recommendations,Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current clinical findings supporting a diagnosis of radiculopathy corroborated by imaging and/or electrodiagnostic testing. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.