

<b>Case Number:</b>	CM15-0089910		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

### 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 female who sustained a work related injury February 17, 2014. Past history included; chronic left shoulder strain with partial thickness tearing of the distal supraspinatus and infraspinatus tendons, chronic right shoulder strain with full thickness supraspinatus tendon tear, s/p open reduction and internal fixation of 5th metatarsal fracture, right foot, October, 2013. According to a doctor's first report of occupational injury or illness, dated February 17, 2015, the injured worker presented with complaints that she began to experience right upper extremity pain, which she attributes to her job duties and also claiming other injury dates, going back to June 2012. She complains of pain to her cervical spine, both shoulders, right hand, right foot, and anxiety and depression. Diagnoses are documented as cervical sprain/strain, rule out radiculitis; both shoulders sprain/strain; rule out tendonitis; possible herniated cervical disc. Treatment recommendations included acupuncture, medication, ultrasound guided cortisone injection to both wrists and both shoulders. At issue, is the request for authorization for lumbar epidural steroid injection, L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Epidural Steroid Injection at the levels of L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The 1 Lumbar Epidural Steroid Injection at the levels of L4-L5 is not medically necessary and appropriate.