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| <b>Case Number:</b>   | CM15-0110402 |                              |            |
| <b>Date Assigned:</b> | 06/16/2015   | <b>Date of Injury:</b>       | 06/09/2014 |
| <b>Decision Date:</b> | 07/15/2015   | <b>UR Denial Date:</b>       | 05/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/08/2015 |

### 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 28-year-old male, who sustained an industrial injury on 06/09/2014. He has reported injury to the right wrist and low back. The diagnoses have included lumbar disc displacement without myelopathy; pain in joint, shoulder; right wrist pain; and pain in joint, hand. Treatment to date has included medications, diagnostics, splint, injections, TENS (transcutaneous electrical nerve stimulation) unit; and home exercises. Medications have included Tramadol, Diclofenac Sodium, and Capsaicin cream. A progress note from the treating physician, dated 05/19/2015, documented a follow-up visit with the injured worker. The injured worker reported constant lower back and right wrist pain; the lower back pain radiates down to his posterior legs down to his knee; bilateral quadriceps pain; the lower back pain is made worse with bending and lifting at the waist level, and made better with rest and medication; shoulder pain, with difficulty reaching above the shoulder level; he had two hours of pain reduction with his previous injection, an intra-articular facet injection of the lumbar spine; and he is taking Tramadol for pain which is not effective, and wants to have a stronger medication. Objective findings included tenderness over the right shoulder capsule, which is persistent; positive empty can sign on the right shoulder; positive impingement on the right shoulder; and depressed scaphoid humeral ratio, which is a clear indication of impingement. The treatment plan has included the request for lumbar epidural steroid injection with epidurogram under fluoroscopy (levels not given).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection with epidurogram under fluoroscopy (levels not given):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 sustained a work injury in June 2014 and continues to be treated for chronic wrist, shoulder, and low back pain. When seen, there was lumbosacral junction tenderness and right sided facet tenderness. There was decreased spinal range of motion and positive facet loading. There was a normal neurological examination with negative straight leg raising. 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 complaints or physical examination findings of radiculopathy. The request is not medically necessary.