

<b>Case Number:</b>	CM15-0115712		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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:

This is a 58-year-old female with a January 22, 2003 date of injury. A progress note dated May 7, 2015 documents subjective complaints (flare-ups of pain in both the cervical and lumbar spine with increased activity), objective findings (tenderness to palpation over the upper, mid, and lower cervical paraspinal muscles and both trapezial regions; decreased range of motion of the cervical spine; positive Spurling's maneuver on the right side and negative on the left; tenderness to palpation over the upper, mid, and lower lumbar paravertebral muscles; decreased range of motion of the lumbar spine; increased pain with lumbar extension; tenderness to palpation over the right anterior rotator cuff; mild acromioclavicular joint and bicipital tenderness without irritability; positive impingement and grind sign; decreased range of motion of the right shoulder; patchy decreased sensation in both upper extremities, most notably in the C6, C7, and in the bilateral median nerve distribution; patchy decreased sensation in both lower extremities, most notably in the L5 distribution with trace weakness of the right extensor hallucis longus and tibialis anterior; antalgic gait), and current diagnoses (cervical spine strain; cervical radicular symptoms; cervical disc protrusion with degenerative joint disease/ degenerative disc disease; lumbar radiculopathy; lumbar disc herniation with degenerative retrolisthesis; right rotator cuff tendinitis and impingement syndrome). Treatments to date have included lumbar epidural steroid injections, carpal tunnel release bilaterally, and work modifications. The treating physician documented a plan of care that included a third lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third lumbar epidural steroid injection:** 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, Page(s): 46.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2003. When seen, she was having a flare up of cervical and lumbar spine pain. There was lumbar spine tenderness with decreased and painful range of motion. Neural tension signs were negative for nerve irritation. There was decreased right lower extremity strength and decreased bilateral lower extremity sensation. There was an antalgic gait. Authorization for a third lumbar epidural injection was requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the claimant's response to the previous epidural steroid injections is not adequately documented in terms of duration and degree of pain relief. The presence of radicular symptoms is not documented. The request therefore cannot be considered medically necessary.