

<b>Case Number:</b>	CM15-0039450		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Emergency Medicine

### 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 39 year old, male patient, who sustained an industrial injury on 07/03/2013. A primary treating office visit dated 01/20/2015 reported subjective complaint of burning bilateral elbow pain with muscle spasm. He also complains of weakness, numbness, tingling and radiating to the hands and fingers. He also complains of burning radicular low back pain and muscle spasm. This pain is associated with numbness and tingling of the bilateral lower extremities. The patient is status post right leg puncture wound, with residual pain. The patient states that symptoms persist but the medications do offer temporary relief of pain and improve his ability to sleep. Objective findings showed tenderness to palpation at the lateral aspects of the right elbow. There is tenderness to palpation at the lumbar paraspinal muscles and at the bilateral PSISs. There is a well healed scar at the anterior tibia with tenderness. The following diagnoses are applied; bilateral elbow strain/sprain; lumbar spine sprain/strain rule out herniated nuclues pulpusus and status post puncture wound of the right leg with residual pain. The plan of care involved continues with prescribed medications; pending a functional capacity evaluation; continue elbow exercise. Prescribed medications are; Deprizine, Dicopaniol, Fanatrex, Synapryn, Talbredol, Capsaicin, Flurbiprophen, Menthol, Cyclobenzaprine and Gabapentin.

### 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 under Fluoroscopy and Intravenous Sedation:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The requested 1 Lumbar Epidural Steroid Injection under Fluoroscopy and Intravenous Sedation, is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has burning bilateral elbow pain with muscle spasm. He also complains of weakness, numbness, tingling and radiating to the hands and fingers. He also complains of burning radicular low back pain and muscle spasm. UR had denied this request due to insufficient documentation. This pain is associated with numbness and tingling of the bilateral lower extremities. The treating physician has documented tenderness to palpation at the lumbar paraspinal muscles and at the bilateral PSISs as well as decreased sensation to left L4-5, positive left straight leg raising test, and imaging study showing bilateral neuroforaminal stenosis at L4-5. The treating physician has also documented conservative treatment including medications and chiropractic therapy. The criteria noted above having been met, 1 Lumbar Epidural Steroid Injection under Fluoroscopy and Intravenous Sedation is medically necessary.