

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0009873 |                              |            |
| <b>Date Assigned:</b> | 09/17/2013   | <b>Date of Injury:</b>       | 08/06/2009 |
| <b>Decision Date:</b> | 01/06/2014   | <b>UR Denial Date:</b>       | 07/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Medicine, and is licensed to practice in Georgia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 client is a 58 year old male presenting with low back pain and bilateral knee pain following a work related injury on 8/06/2009. The enrollee reports that the right side is worse than the left. The pain radiates to the right lower extremity. Lumbar MRI on 6/2010 showed degenerative changes at L3-4, L4-5 and L5-S1 as well as a right paracentral disk protrusion at L5-S1 abutting the right L5 nerve root. MRI of the right knee showed medial meniscectomy with mild focal cartilage thinning on the central portion of the medial femoral condyle, mild medial patellar chondrol fissuring and mild patellar tendinosis. MRI of the left knee showed partial medial meniscectomy, mild proximal patellar tendinosis. X-ray of the hip showed medial joint space degeneration. MRI of the hip showed inflammation of the left tenosynovial iliopsoas, degeneration of acetabular labrum, rim spurring, some cartilage loss. MRI of the right hip showed degenerative changes. EMG of the bilateral extremities showed sensory polyneuropathy. Physical exam showed increased tenderness to his lumbar paraspinal muscles, decreased range of motion in all planes and positive right leg lift. The client was diagnosed with persistent low back pain and bilateral knee pain. The provider recommended a repeat epidural steroid injection and lumbar spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, bilateral L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47. Decision based on Non-MTUS Citation Novack, Suzanne, MD, PhD et al. The Basis for Recommending Repeating Epidural Steroid Injections for Radicular Low Back Pain: A Literature Review Archives of Physical Medicine and Rehabilitation, 2008; 89(3): 543-552, and Abdi, Salahadin et al. Epidural Steroids

**Decision rationale:** The epidural steroid injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The provider recommended a repeat epidural steroid injection. The medical records did not document, following the previous epidural steroid injection and per MTUS whether there was at least a 50% reduction in pain and/or medication use for at least 6-8 weeks. A repeat epidural steroid injection is therefore not medically necessary.