

<b>Case Number:</b>	CM13-0038184		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Anesthesiology has a subspecialty in Pain Management 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 patient presented with bilateral knee pain and low back pain following a work related injury in 2011. The patient has tried physical therapy, activity modification, home exercise program and a lumbar epidural steroid injection at L5-S1 in June 2013 with only 3-5 days of relief. MRI of the knees were consistent with severe osteoarthritis left knee and osteoarthritis right knee primarily in the medial compartment. MRI of the lumbar spine was significant for a disc bulge at L3-4, L4-5 and L5-S1, generalized facet disease, mild narrowing of the central canal and neural foramina bilaterally at L3-4, L4-5 and L5-S1. She had an indentation of the L5 nerve root and minimal retrolisthesis of L5 vertebra over S1. The physical exam was significant for decrease range of motion, antalgic gait, positive Kemp test, and positive straight leg raise bilaterally to 40 degree. The patient was diagnosed with lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar epidural steroid injections at L4 and L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

**Decision rationale:** Lumbar epidural steroid injection at L4 and L5 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 claimant had an epidural steroid injection previously with only 4-5 days of relief. Without previous benefit of at least 50% for at least six weeks, the requested procedure is not medically necessary.