

<b>Case Number:</b>	CM13-0040210		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/03/1999
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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 injured worker is a 66-year-old female who reported an injury on 05/03/1999. The mechanism of injury was not stated. The current diagnoses include status post right total knee replacement, left total knee arthroplasty, left knee arthrofibrosis/synovitis, and left L4-5 radiculopathy. The injured worker was evaluated on 07/26/2013. The injured worker reported 6/10 left knee pain. Physical examination revealed an antalgic gait, limited range of motion of the bilateral knees, 4/5 strength on the right, and a well-healed incision. The treatment recommendations at that time included a lumbar epidural steroid injection at L4-5 and L5-S1. The injured worker previously underwent a lumbar CT myelogram on 05/07/2013 which indicated marked narrowing of the left lateral recess and left neural foramen at L4-5 with marked narrowing of the right neural foramen at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SELECTIVE NERVE BLOCK L3-4, L4-5: 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 Injection Page(s): 46.

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no comprehensive physical examination of the lumbar spine provided for review on the requesting date. Therefore, there is no objective evidence of radiculopathy. There is also no mention of an attempt at conservative treatment for the lumbar spine to include exercises, physical methods, NSAIDs, and muscle relaxants. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.