

<b>Case Number:</b>	CM14-0001666		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/23/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old male with a work injury dated 12/23/12. The diagnoses are degenerative disc disease of the lumbar spine and degenerative joint disease of the left knee. There is an 11/25/13 progress note from orthopedic surgery stating that the patient is awaiting total knee arthroplasty and has low back pain radiating to the hip. The document stated that prior epidurals did help. There is radiation into the left leg and knee with tingling in the left leg. On physical exam the knee range of motion is painful. On the right leg the straight leg raise is positive at 70 degrees and on the left positive at 50 degrees. The treatment plan is to wait for authorization of the knee surgery and lumbar epidurals x 2. A 9/16/13 AME states that the patient was diagnosed with Degenerative Disc Disease in the lumbar spine at L4-5 and L5- S1 causing radiculopathy and also Internal Derangement in the left knee and in the presence of significant arthritis. He was further treated with lumbar epidural injection for the degenerative disc disease at L4-5 and L5-S1 on April 30, 2013 and did improve. A 3/19/13 Lumbar MRI revealed- 1. Lumbar strain superimposed upon multilevel lumbar degenerative disc disease. 2. A 4-mm disc osteophyte complex at L1-L2.3. A 4-mm disc osteophyte complex at L2-L3, facet arthropathy, and neural foraminal narrowing.4. A 7-mm disc osteophyte complex at L3-L4, facet arthropathy, central stenosis, lateral recess narrowing, and neural foraminal narrowing. 5. A 10-mm disc osteophyte complex at L4-L5, facet arthropathy, moderate central stenosis, lateral recess stenosis, and neural foraminal narrowing. 6. An 8-mm disc osteophyte complex at L5-S1, facet arthropathy, recess narrowing, and neural foraminal narrowing. Per prior UR dated 12/12/13 the patient has been treated conservatively with failure to respond and currently has a positive straight leg raising reproducing the L5 radicular pain that does correlate with the

imaging finding noting the discs osteophyte complex at L4-S that encroaches on the traversing LS nerve roots with moderate bilateral foraminal narrowing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LESI (LUMBAR EPIDURAL STEROID INJECTIONS (LESI): 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 (ESIs) Page(s): 45.

**Decision rationale:** LESI (lumbar epidural steroid injections) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation states that the patient has had prior epidural steroid injections but the documentation is not clear how long the benefit was from those injections and what levels were injected. The request as written does not indicate what levels will be injected . The guidelines state that 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 six to eight weeks. The request for lumbar epidural steroid injections is not medically necessary..