

<b>Case Number:</b>	CM14-0112585		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Anesthesiologist, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58 year old female with a 7/30/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/7/14 noted subjective complaints of back and left knee pain. Objective findings included 4/5 strength muscles of left knee. There is no complete neurological examination documented. No lumbar MRI or electrodiagnostic reports available for review. Diagnostic Impression: lumbar sprain, s/p left total knee arthroplasty Treatment to Date: medication management, physical therapy A UR decision dated 7/9/14 denied the request for pain management referral for lumbar spine ESI. There was no objective findings consistent with radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Referral for Lumbar Spine ESI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the documents provided for review, there is no documented objective evidence either by physical exam or by imaging studies to substantiate the diagnosis of a radiculopathy. Therefore, the request for pain management referral for lumbar spine ESI was not medically necessary.