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| <b>Case Number:</b>   | CM14-0119451 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 07/30/2010 |
| <b>Decision Date:</b> | 12/15/2014   | <b>UR Denial Date:</b>       | 07/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2014 |

### 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 Occupational Medicine 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:

This is a 58-year-old female with a 7/30/10 date of injury. The injured worker underwent left knee total arthroplasty with subsequent revision of the femoral component. The reviewer's note dated 7/9/14 indicated that the injured worker was seen on 7/2/14 with complaints of 9/10 low back pain radiating into the lower extremities, left more than right. The injured worker also reported left knee pain. Exam findings revealed positive sitting root test bilaterally with diminished sensation in the left quadriceps. The strength in the hamstring was 4/5 and the injured worker ambulated with a walker. The diagnosis is status post left knee arthroplasty and lumbago. Treatment to date: left knee total arthroplasty with subsequent revision of the femoral component, work restrictions, walker and medications. An adverse determination was received on 7/9/14 for a lack of imaging evidence or electrical evidence of findings that would support 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 the Lumbar Spine Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**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 there is a lack of documentation indicating that the injured worker tried and failed conservative treatments. In addition, the imaging studies documenting correlating concordant nerve root pathology were not available for the review. Lastly, there is no rationale with regards to the necessity for a lumbar spine epidural injection and the site and level of the injection were not specified. Therefore, the request for Pain Management referral for the lumbar spine Epidural Steroid Injection is not medically necessary.