

<b>Case Number:</b>	CM14-0126231		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Pain 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 patient with a date of injury of May 21, 2011. A utilization review determination dated July 11, 2014 deemed the request of aquatic therapy not medically necessary. A utilization review determination dated July 14, 2014 also determined the request of Kera-Tek analgesic gel as not medically necessary. A progress report dated May 28, 2014 identifies subjective complaints of low back pain and left knee pain. The note indicates that the patient is working modified duties and is avoiding heavy lifting. Physical examination findings reveal limited range of motion of the lumbar spine with tenderness to palpation bilaterally. Diagnoses include chronic lumbar strain and left meniscus tear. The achievement plan recommends aquatic therapy 2 times a week for 6 weeks for the low back and left knee as well as a topical medication Kera-Tek due to stomach upset with oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Lumbar epidural injections of the L3-L4 right side: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.