

<b>Case Number:</b>	CM14-0173758		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Interventional Spine 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 patient is a 54-year-old female with date of injury of 05/31/2011. The listed diagnoses per [REDACTED] from 09/03/2014 are cervical spine trapezius sprain/strain with bilateral upper extremity radiculitis; right shoulder strain/impingement/tendinitis/bursitis; thoracolumbar spine sprain/strain with bilateral lower extremity radiculitis; and bilateral knee PFA. According to this handwritten progress report, the patient complains of bilateral knee pain, left greater than the right. She reports increase in pain with walking and weight bearing. Her pain level is 7/10 to 8/10 which is moderate to severe, frequent, constant, dull sharp with weakness. The objective findings show left knee crepitation and decreased range of motion, positive McMurray sign and positive patellofemoral compression test. Lumbar spine tenderness to palpation over the PVM. There is decreased range of motion in the lumbar spine with a positive straight leg raise on the right. Decreased sensation in the bilateral lower extremities. Strength is 5/5. Documents include an MRI of the lumbar spine from 11/18/2013, a chest x-ray on 07/21/2014, an epidural steroid injection procedure note from 07/21/2014, and a QME report from 04/17/2014. The utilization review denied the request on 09/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection at the Left L3-L4 and L4-L5: 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 Page(s): 46-47.

**Decision rationale:** This patient presents with bilateral knee pain and low back pain. The provider is requesting a Lumbar Epidural Steroid Injection at the Left L3-L4 and L4-L5. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain as defined by pain in the dermatomal distribution with corroborative findings of radiculopathy in an MRI. 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 6 to 8 weeks. The MRI of the lumbar spine from 11/18/2013 shows grade 1 anterolisthesis of L4-L5 in combination with 3-mm left foraminal disk protrusion resulting in abutment of the exiting left nerve root. There is moderate facet arthropathy at L4-L5 with a mild degree of central canal narrowing. At L5-S1, there is a 3-mm left foraminal disk protrusion with abutment of the exiting left L5 nerve root. The 07/21/2014 procedure note shows a transforaminal epidural steroid injection performed on the left L3-L4 and L4-L5. The 08/20/2014 report by [REDACTED] shows the patient continues to complain of low back pain traveling to the left lower extremity; however, she notes decreased radicular symptoms. The patient notes 60% improvement of pain and decreased radicular symptoms with her recent procedure. She is able to get out of the car and is able to sleep easier. The examination shows diffuse tenderness to palpation over the lumbar paravertebral musculature. There is moderate facet tenderness to palpation over the L3 to S1 spinous process. The patient further states that she is able to decrease her intake of medications. In this case, the patient's last injection was from 7/21/14 and the provider is already asking for a repeat injection. It does not appear that the patient experienced 6-8 weeks of pain relief with functional improvement to warrant a repeat injection. Therefore, this request is not medically necessary.