

<b>Case Number:</b>	CM14-0021924		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/21/1999
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 & 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:

This patient is a 56-year-old female with date of injury of 09/21/1999. Per treating physicians report 01/15/2014, the patient presents with right knee pain walking with a cane, with the right knee popping from time to time, constant stiffness in the knee. The patient rates the intensity of pain at 8/10. The patient is status post right knee arthroscopic surgery from 2012. Listed diagnoses are knee joint replacement, lumbar spine stenosis. Recommendation was for MRI of the lumbar spine to determine the extent of her lumbar stenosis and radiculopathy and continue to see [REDACTED] who is requesting authorization for epidural steroid injection. Per progress report by another pain management physician, [REDACTED], 12/05/2013, hip pain is bothering her the most, and there is an authorization for greater trochanter injection. The patient continues to have pain in her back to the buttock and the knee, an intensity of pain at 8/10. MRI of the lumbar spine from 02/06/2012 showed moderate to severe left foraminal stenosis at L5-S1 due to a 7-mm left paravertebral broad-based disk herniation, bilateral foraminal stenosis at L4-L5 with 4-mm broad-based disk protrusion. Examination showed tenderness on her right greater trochanter region radiates partially down her anterior thigh, paraspinal muscle weakness, facet tenderness all in the right side C-spine. Current assessment by [REDACTED] is severe low back pain with right greater than left side radiculopathy, mixed degenerative disk disease lumbar spondylosis, myofascial pain and spasm, depression and anxiety, poor sleep, knee pain. The page contains the treatment plan for this office states, some of the lines are squished and illegible. 01/03/2014 report by [REDACTED] was also reviewed. For treatment discussion, the patient was to continue medications. Medication management information was provided, "repeat right L3, L4, L5 MB-RFA," right greater trochanter bursa injection done, consider right hip injection under fluoro.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TRANSFORAMINAL EPIDURAL RIGHT AT L4-L5 AND L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic.

**Decision rationale:** This patient presents with chronic right hip and low back pain that bother her the most. The patient has knee pain as well. The request was for right-sided transforaminal injections at 2 levels at L4-L5-S1. Review of the reports does not discuss significant radiating symptoms into the lower extremities to denote radicular symptoms. MRI of the lumbar spine from 02/06/2012 showed a 7-mm disk herniation over to the left side at L5-S1 causing significant left-sided foraminal stenosis, 4-mm broad-based disk herniation at L4-L5 causing bilateral foraminal stenosis. Examination by [REDACTED] does not show positive straight leg raise, any myotomal or dermatomal pattern deficit or reflex changes to confirm radiculopathy. MTUS Guidelines require a clear diagnosis of radiculopathy before lumbar epidural steroid injections can be considered. In this case, there is no examination findings that would suggest radiculopathy such as myotomal/dermatomal distribution of motor/sensory deficits, deep tendon reflex changes, poor straight leg raise testing. While MRI shows significant disk herniations with foraminal stenosis, patient does not present with significant radiating symptoms down the lower extremity in any dermatomal distribution to suggest radiculopathy. Recommendation is for denial.