

<b>Case Number:</b>	CM14-0022315		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/31/2014
<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 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:

This patient is a 46-year-old female with date of injury 06/05/2002. According to the treating physician's report dated 01/07/2014, the patient still has pain bilateral knees, reports improvement of knees after last course of physical therapy (PT). The listed diagnosis is unspecified internal derangement of the knee. Under the treatment plan it states "needs LESI." On an 11/06/2013 report, the treater requested supplemental report discussing medications that includes Celebrex, hydrocodone, lidocaine patches, and Voltaren gel. This report indicates that the patient has been under pain management for chronic bilateral knee pain, as well as the lumbar spine. This report does not discuss epidural steroid injection. A report dated 09/03/2013 only discusses the patient's knee condition. This request for lumbar epidural steroid injection was denied by utilization review on 01/31/2014, with the rationale that no lumbar examination was provided, no MRI findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION (LESI): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with apparent low back pain and bilateral knee pain. The request was for a lumbar epidural steroid injection per the 01/07/2014 report. The treater simply states "needs LESI." Review of the reports does not show a description of patient's low back pain, any radicular symptoms, MRIs, or examination of the lumbar spine. The Chronic Pain Guidelines require documentation of radiculopathy before lumbar epidural steroid injection can be tried. A diagnosis of radiculopathy required dermatomal distribution of radicular symptoms, positive physical examination for nerve root problems with these findings corroborated by an imaging study. In this case, none of this information was provided. The request is not medically necessary.