

<b>Case Number:</b>	CM14-0034289		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 53-year-old female who sustained neck low back and knee injuries on July 26, 2012. The patient has aching pain in the cervical spine but denies cervical radicular symptoms. She also complains of low back and right knee pain. She describes pain radiating from the low back to the bilateral region. MRI lumbar spine from June 2013 reveals degenerative changes at L2-L5 with mild to moderate spinal stenosis and foraminal stenosis. On physical examination patient has tenderness to palpation of paraspinal musculature in the lumbar spine. This decreased range of motion. Straight leg raising is +50. Deep tendon reflexes are 1+ at patellar and Achilles. Sensation is normal. Muscle strength is normal. The patient continues to have chronic neck shoulder and back pain. At issue is whether lumbar epidural steroid injections are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural Steroid Injections To Right L4 Left L5 And Right S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The patient does not meet establish criteria for lumbar epidural steroid injections. Specifically there is no documented radiculopathy on physical examination a clearly correlate with MRI imaging study showing compression of the nerve root. In addition there is no clear documentation a recent trial and failure of conservative measures for back pain to include physical therapy. Criteria for lumbar epidural steroid injection not met at this time.

**Four Trigger Point Injections To Bilateral Trapezius Under Ultrasound Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Edition (2004), Chapter 12) and the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** This patient does not meet establish criteria are for trigger point injections in the bilateral trapezius muscles. Specifically the medical records do not document that the patient had an adequate trial and failure of conservative measures for neck pain and trapezius pain. Is no documentation a recent trial and failure physical therapy. More conservative measures are necessary prior to trigger point injections.

**Right Knee Surgery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient does not meet establish criteria for knee surgery. Specifically the medical records do not document adequate trial and failure physical therapy for knee pain. Physical examination does not document any evidence of instability or locking of the knee. MRI does not document significant pathology warranting surgery and conservative measures have not been met for the treatment of knee pain. Criteria for knee surgery is not Met.