

<b>Case Number:</b>	CM14-0043889		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old male injured his back and left knee on 02/20/2007 when he slipped and fell on his back and the bolts he was carrying landed on his left knee. He has continued to experience pain in his lower back, hips and left knee. The lower back pain spreads to his left leg. He has had knee replacement surgery, but he continues to experience knee pain. The examination revealed limitation of range of motion of the lumbar, left hip and left knee. Also, he has palpable tenderness in his lower back, left hip and left knee; as well as decreased sensations in both legs. He has been diagnosed of severe Osteoarthritis of both knees, Osteoarthritis left hip, Low back pain, Lumbar radiculopathy. He is on treatment with Roxicodone, Ambien, Ultram. His doctor's request for Lumbar Epidural steroid injection at L5-S1 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural Steroid Injection at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Epidural Steroid Injection (ESI) Page(s): 46, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroids Page(s): 46.

**Decision rationale:** The MTUS recommends against Lumbar epidural steroid injections except if clinically diagnosed lumbar radiculopathy is confirmed by documented evidence by either MRI or nerve studies. The documents reviewed reveal the injured worker has clinically documented radiculopathy, however, his doctor failed to provide the MRI evidence in support of this. The doctor said the request is supported by MRI findings, but there was no such report in the records reviewed. The request is not medically necessary and appropriate.