

<b>Case Number:</b>	CM14-0070537		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/09/2002
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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 73 year old female with the date of injury 1/09/2002. The most recent medical records provided is a follow up report dated 12/19/2013, which documents the patient presented with continued complaints of neck pain and left arm pain and right hand pain, increasing depression and ever increasing low back pain. Current medications are Vicodin, Ambien, Soma, and Valium. She complains oral medication causes gastric upset if she increases dosage. She complains Baclofen and Robaxin fail to provide relief from spasm. Due to dizziness with Soma, she wishes to discontinue Soma and go back to Baclofen. She feels some Hydrocodone preparations work better than others, even at the same dosage. The epidural injection helped more than anything she had in the past, but they have worn off. She has low back pain that radiates to the knees, more strongly on the right knee. She has fibromyalgia pain, neck pain and left arm pain originating from the cervical disc. She has left knee pain in the left knee replacement joint area. Physical examination documents subjective neck and arm pain, left foot plantar fascia pain, and low back pain and spam, swelling in the knees tender to palpation, pain down bilateral legs in L2 distribution as well as L1 to the groin. Diagnosis include: 1. Discogenic syndrome cervical; 2. Discogenic syndrome lumbar; 3. Knee replacement, bilateral; 4. Anxiety; 5. Plantar fasciitis; 6. Fibromyalgia; 7. Cystocele; 8. Depression and; 9. Muscle spasm. The patient was dispensed compounded topical cream, Lortab #120, Ambien #30, Elavil #60, and Baclofen #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection with Anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

**Decision rationale:** According to the guidelines, for consideration epidural steroid injections, 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not document lumbar MRI and/or diagnostic studies that reveal a neurocompressive lesion or active radiculopathy at the same level, consistent with physical examination. The prior epidural injection was reportedly beneficial; however, the medical records do not establish the patient obtained notable, clinically significant benefit with prior epidural injection. Per the guidelines, in the therapeutic phase, 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 six to eight weeks. The medical records do not establish the patient had an adequate therapeutic response to prior epidural. In addition, injections should be performed using fluoroscopy; however, anesthesia is not required. Given these factors, the requested Lumbar Epidural Steroid Injection with Anesthesia (LESI) is not medically necessary.