

<b>Case Number:</b>	CM14-0097647		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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:

The patient is a 71-year-old female with date of injury of 12/18/2003. The listed diagnoses per [REDACTED] dated 04/14/2014 are: 1. Bilateral knee joint osteoarthritis. 2. Rule out meniscal tear. 3. Chronic low back pain; lumbar spine degenerative disk disease. 4. Radiculopathy, right lower extremity. 5. Status post recent right total hip arthroplasty. According to this report, the patient complains of knee and low back pain. The patient's pain is severe. She is currently awaiting approval for lumbar epidural steroid injection. She previously had a lumbar epidural steroid injection which helped her pain 70% that lasted for 4 months. The physical examination on the report dated 05/20/2014 shows lumbar spine spasms with painful range of motion as well as limited range of motion. Positive Lasegue's bilaterally. Positive straight leg raise bilaterally at 60 degrees. Motor weakness is 4/5 bilaterally. Decreased sensation bilaterally at L4-L5 and L5-S1, pain bilaterally at L4-L5 and L5-S1. Positive tenderness to palpation over the lumbar paraspinal musculature. The utilization review denied the request on 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 Bilateral Lumbar Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,47; 11.

**Decision rationale:** This patient presents with knee pain and low back pain. The treater is requesting an L4-S1 bilateral lumbar epidural steroid injection. The MTUS Guidelines page 46 and 47 on epidural steroid injection recommends this option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI. 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 6 to 8 weeks. The MRI of the lumbar spine dated 07/30/2012 shows disk bulge measuring 2.5 mm at L4-L5 and 3.2 mm at L5-S1. The progress report dated 04/14/2014 notes that the patient previously had an epidural steroid injection which helped 70% and lasted for 4 months. The records show that the patient underwent an epidural steroid injection at L5-S1 on 05/06/2014. The succeeding report dated 05/28/52014 noted that the patient's LESI greatly reduced her low back pain. Also, she is sleeping better and her lower back movement has improved. It would appear that the patient has had a placebo response as these injections have never been demonstrated to help back pain. In this case, the MRI does not show any stenosis or herniation to suspect radiculopathy; the patient's pain is mostly limited to low back pain and exam did not show any evidence of nerve root dysfunction. The request is not medically necessary.