

<b>Case Number:</b>	CM14-0013943		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 is a 41 year old with a work injury dated 06/24/2010 with a reported lumbar spine and bilateral knee injury. He states that about a 100 frozen pieces fell on top of him injuring his back and bilateral knees. Initially he received anti-inflammatory medications and chiropractic care from his own physician. Approximately 2 months later he received physical therapy, chiropractic care and MRI of the lumbar spine and bilateral knees. On 04/04/2012, he had left knee surgery with physical therapy. The injured worker (IW) states the left knee procedure was not very helpful for his pain. At visit dated 10/23/2013, he was complaining of pain in the lumbar spine with radiation of pain down the right lower extremity with some intermittent numbness and tingling sensations in right leg. Current medications included Orudis, Omeprazole, Neurontin, Flexeril and Tramadol. Examination of the lumbar spine showed decreased flexion, extension and bilateral bending by 10% of normal. Tenderness and spasms were noted. Right straight leg raise was positive at 40 degrees. Both knees were swollen with normal range of motion. MRI report documented by the provider and dated 09/16/2010 notes lumbar 4-5 broad based bulge with left lateral protrusion/extrusion and annular fissure resulting in moderate to severe left neuro foraminal narrowing with contact of the exiting left lumbar 4 nerve root. Lumbar 5 - sacral - 1 showed a large right paracentral disc extrusion narrows the right lateral recess contacting and displacing the right sacral 1 nerve root. EMG/nerve conduction dated 01/21/2012 (as documented by provider) was abnormal and had electro diagnostic evidence that was most consistent with right sided lumbar radiculopathy and most likely involved the lumbar 5 and sacral 1 nerve roots. Diagnoses were: Right lumbosacral

Strain: Right lumbosacral radiculopathy: Myofascial pain: Bilateral knee pain- Status post left knee surgery: Internal derangement of the right knee: Question of new internal derangement of the left knee. The provider requested epidural steroid injections to be done at lumbar 4, lumbar 5 and sacral 1. Utilization review notes this is a request for a second epidural steroid injection. On 01/23/2014 utilization review issued a decision denying the request citing CA MTUS 2009 Chronic Pain Medical Treatment Guidelines, Page 46, Epidural steroid injections. The request was appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT L4, LEFT L5 AND RIGHT S1 EPIDURAL STEROID INJECTIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Pain section, Epidural steroid injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection to the right L4, right L5 and right S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for epidural steroid injections are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment; repeat blocks should be based on continued objective documented pain and functional improvement, including at least a 50% pain relief with associated reduction in medication use for 6 to 8 weeks; etc. For additional details see the guidelines. In this case, the injured worker's working diagnoses are right lumbosacral strain; right lumbosacral radiculopathy; myofascial pain bilateral knee pain; status post left knee surgery; internal derangement of the right knee; and question of new internal derangement of the left knee. The request for authorization was January 14, 2014. The most recent progress note in the medical record was October 23, 2013. There was no clinical documentation on or about the date of the request for authorization January 14, 2014. Subjectively, the injured worker complained of pain in the lumbar spine radiating down the right lower extremity with intermittent numbness and tingling. There was subjective weakness. Object of late, the lumbar spine showed decreased range of motion to flexion, extension. There was tenderness to palpation in the right ilio-lumbar ligament. The request for authorization was January 14, 2014. The documentation did not contain imaging studies or electrodiagnostic testing to corroborate radicular symptoms. Consequently, absent clinical documentation on or about the date of request for authorization for an epidural steroid injection (two levels) with imaging studies and/or electrodiagnostic testing, epidural steroid injection to the right L4-L5 and L5-S1 is not medically necessary.