

<b>Case Number:</b>	CM14-0191519		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 46 year old patient with date of injury of 06/23/2011. Medical records indicate the patient is undergoing treatment for status post left knee arthroscopy with partial medial meniscectomy, low back strain with left lower extremity L5 lumbar radiculitis, posttraumatic left chondromalacia patellae, anterior left ankle pain, sleep disturbance due to pain and degenerative disc disease with HNP L5-S1 (5mm) L5-S1 radiculopathy. Subjective complaints include left anterior knee pain, bilateral thenar hand pain, low back pain with radiation to bilateral buttock, right greater than left, left posterior thigh, posterior knee, anterolateral lower leg, anterior aspect of the left ankle and dorsum of the left foot along with numbness and tingling of the same distribution; pain rate 8-9/10. Objective findings include: Babinski normal; left knee exam: patellofemoral joint line tenderness, ROM (range of motion) extension 20 degrees, flexion 100 degrees, patellofemoral compression and crepitation positive; mildly antalgic gait, lumbar spine range of motion: forward flexion 50 degrees, extension 15, right lateral bending 15, left lateral bending 10; positive left sided straight leg raise and Fabere; right wrist ROM: extension 70 degrees, flexion 75, radial deviation 15, ulnar deviation 40; left wrist ROM: extension 70 degrees, flexion 80, radial deviation 15, ulnar deviation 35. MRI left knee 07/26/2011: myxoid degenerative posterior horn medial meniscus, without evidence of meniscal tear, grade 2-3/4 chondromalacia patellae medial and lateral facets of patella. MRI of lumbar spine on 09/12/2011: L5-S1 disc level shows decreased signal intensity of the nucleus pulposus indicative of moderate disc degeneration. There is a 4-5mm midline protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac causing a 10% diminution in the AP sagittal diameter of the lumbosacral canal, the neural foramina appears patent, lateral recesses are clear, normal ligament flavum. EMG/NVC of the upper extremities on 10/13/2011 showed no cervical radiculopathy. Treatment has consisted of knee brace, Decadron injections, physical therapy,

Norco, Motrin, Prilosec, Ambien and Tylenol with Codeine. The utilization review determination was rendered on 11/10/2014 recommending non-certification of Pain Management consult and treatment for lumbar epidural steroid injection at bilateral L5-S1, lumbar spine.

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

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

**Pain Management consult and treatment for lumbar epidural steroid injection at bilateral L5-S1, lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The treating physician documented radiculopathy both by physical exam and imaging studies. Treatment notes indicate a trial and failure of conservative treatments. As such, the request for Pain Management consult and treatment for lumbar epidural steroid injection at bilateral L5-S1, lumbar spine is medically necessary.