

<b>Case Number:</b>	CM15-0019038		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 injured worker is a 45-year-old male, with a reported date of injury of 10/29/2012. The diagnoses include low back pain, left knee pain, and internal derangement of the left knee. Treatments to date have included an MRI of the lumbar spine on 03/16/2014, an x-ray of the left knee, a computerized tomography of the lumbar spine, an MRI of the left knee, and oral medications. The medical report dated 11/07/2014 indicates that the injured worker complained of pain in the upper back and bilateral shoulders. He also complained of mid-back, low back, and left knee pain, with radiation to the left leg. The physical examination of the lumbar spine showed decreased range of motion, tenderness to palpation over the bilateral lumbar paraspinal muscles with spasms, tenderness over the sciatic notch, no piriformis spasm, positive lumbar facet loading maneuver bilaterally, negative straight leg raise test bilaterally. An examination of the left knee showed forward flexion at 130 degrees, no deformity, no swelling, no crepitus, and tenderness to palpation over the lateral joint lines with positive varus/valgus. The treating physician requested a therapeutic left knee steroid injection and lumbar epidural steroid injection at L4-5. On 1/12/2015, Utilization Review non-certified therapeutic left knee steroid injection and lumbar epidural steroid injection (LESI) at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic left knee steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Corticosteroid injections.

**Decision rationale:** Per the cited ACOEM guideline, the recommendation for corticosteroid injection of the knee is optional, but is not based on research-based evidence. The ODG is more specific in that corticosteroid injections of the knee are only indicated for documented symptomatic severe osteoarthritis. According to the imaging studies and available notes, there is no evidence of severe osteoarthritis. Therefore, the request for therapeutic left knee steroid injection is not medically necessary.

**Lumbar Epidural Steroid Injection (LESI) at L4-5:** Upheld

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

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

**Decision rationale:** The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker (IW) must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. In the case of this IW, the physical exam from 12/19/2014 does not demonstrate any radicular findings. In addition, the MRI from 3/16/2014 describes disc desiccation at L4-5, but there is no documentation of disc herniation or nerve compression. The request does not meet guideline criteria; therefore, the request for lumbar epidural steroid injection (LESI) at L4-5 is not medically necessary and appropriate.