

<b>Case Number:</b>	CM15-0143468		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/27/2006
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female who sustained an industrial injury on 06-27-06. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and a right total knee replacement. Diagnostic studies include a lumbar spine MRI. Current complaints include low back and knee pain rated at 7/10 and left ankle pain rated at 6/10. Current diagnoses include lumbar disc protrusion with radiculopathy. In a progress note dated 06-08-15 the treating provider reports the plan of care as a lumbar epidural steroid injection, additional physical therapy, follow-up with a joint specialist, and tramadol. The requested treatment includes a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI (epidural steroid injections) #1 (no level provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in June 2005 and continues to be treated for low back and bilateral knee pain. When seen, pain was rated at 7-8/10. He was having right knee weakness, numbness, locking, and grinding with swelling bilaterally. Physical examination findings included lumbar spine tenderness and a positive right straight leg raise. There was decreased spinal and right knee range of motion. Imaging results were reviewed. An MRI of the lumbar spine in November 2014 included findings of mild to moderate bilateral foraminal stenosis. A prior MRI in August 2012 had shown multilevel disc protrusions with left lateralization. Authorization is being requested for a lumbar epidural steroid injection. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no radicular complaints or right lateralized findings by imaging. There are no physical examination findings such as decreased lower extremity strength, sensation, or reflexes that support a diagnosis of radiculopathy. A lumbar epidural steroid injection is not medically necessary.