

<b>Case Number:</b>	CM15-0190053		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	09/19/1990
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, 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:

The injured worker is a 66 year old male, who sustained an industrial injury on 9-19-90. The injured worker is being treated for status post right knee arthroscopic debridement, right knee internal derangement, status post left knee open meniscectomy lateral compartment, bilateral knee osteoarthritis, chronic lower back pain, lumbar spine degenerative disc disease, right greater trochanteric bursitis and status post left knee arthroscopic surgery. Treatment to date has included physical therapy, lumbar epidural steroid injections, over the counter medications and activity modifications. On 7-16-15, the injured worker complains of bilateral knee pain status post previous arthroscopic lateral meniscectomy on left side and status post right arthroscopic debridement with persistent sciatica. Physical exam on 7-16-15 revealed painful and stiff knees and it is noted he continues to be denied lumbar epidural steroid injections (which have helped 60-70% in the past for 3 months). The treatment plan included continuation of transcutaneous electrical nerve stimulation (TENS) unit, continuation of over the counter medication and appealing of denied lumbar epidural steroid injection. On 10-12-15 request for right lumbar epidural steroid injection L-S1 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right lumbar epidural steroid injections L4 - S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria 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 (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are status post right knee arthroscopic debridement; right knee internal derangement; status post left knee open meniscectomy lateral compartment; bilateral knee osteoarthritis; chronic low back pain; right greater trochanteric bursitis; status post left knee arthroscopic surgery. Date of injury is September 19, 1990. Request authorization is August 27, 2015. According to a July 16, 2015 progress note, the injured worker has persistent sciatica and bilateral knee pain. The injured worker received a lumbar epidural steroid injection (date not specified) with 60 to 70% relief for three months. The level of the prior ESI is not documented. Objectively, there is tenderness and spasm with decreased range of motion and an S1 radiculopathy. There is no neurologic examination. There is an assessment with an S1 radiculopathy in the record. An MRI post fusion surgery (no date) showed previous fusion surgery and a 3 mm disc protrusion at L4 - L5 and L5 - S1. The MRI (hard copy not in the record) does not corroborate with a radiculopathy. There are no electrodiagnostic studies. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence on physical examination of radiculopathy and no MRI or electrodiagnostic testing to corroborate the presence of radiculopathy, right lumbar epidural steroid injections L4 - S1 are not medically necessary.