

<b>Case Number:</b>	CM15-0038394		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 utilization review was performed on 2/13/15. The injured worker is a 57-year-old female, who sustained an industrial injury on 5/3/01. The injured worker has complaints of chronic pain in her right knee. The diagnoses have included Pes anserinus tendinitis or bursitis. The documentation noted the she had right knee surgery approximately ten years ago. Magnetic Resonance Imaging (MRI) of the right knee 1/10/14 revealed radial tear of mid portion of medial meniscus with oblique tear of posterior horn of lateral meniscus extended to the intra-articular surface; tricompartmental osteoarthritic changes were noted as well. The documentation noted on 1/129/14 that the injured worker was also status post gastric bypass and had lost approximately 110 pounds since the surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective; Transforaminal Nerve Root Injection Right L4-L5, L5-1Flourosopic guidance:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation into the bilateral lower extremity. The current request is for Retrospective; Transforaminal Nerve Root Injection Right L4-L5, L5-1. The requesting treating physician report was not found in the documents provided. A report dated 1/14/15 (28B) states, " (The patient) is a 37-year-old female returning with continued chronic lower back pain radiating into the lower extremities. However, her main complaint is neck pain radiating into the upper extremities with numbness and weakness." The report goes on to state, "In our opinion, considering her response by two lumbar epidural injections meeting criteria set by MTUS guidelines, she is a strong candidate for the additional procedures." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. An MRI of the lumbar spine dated 6/15/14 shows moderate-to-severe bilateral foraminal stenosis at L3-L4 and L4-5 with total obliteration of the foramina at L5-S1. Central stenosis was also noted at the L5-S1 level. In the case, the patient presents with low back pain that radiates into the bilateral lower extremity. Furthermore, the patient's radicular findings are corroborated by imaging studies. The current request satisfies the MTUS guidelines as outlined on page 46. Recommendation is for authorization.