Case Number:	CM15-0082640		
Date Assigned:	05/05/2015	**Date of Injury:**	12/22/2014
Decision Date:	06/11/2015	**UR Denial Date:**	04/01/2015
Priority:	Standard	**Application Received:**	04/29/2015

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
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 54 year old male, who sustained an industrial injury on 12/22/14. The injured worker has complaints of low back and right knee pain. The diagnoses have included right knee contusion; torn anterior cruciate ligament, right knee and herniated nucleus pulposus (HNP) of the lumbar spine. Treatment to date has included magnetic resonance imaging (MRI) of the left knee on 2/17/15 showed a large focus of endomedullary infarct in the distal femur, a vertical tear of the posterior horn of the lateral meniscus, chondromalacic changes of the lateral femoral condyle are seen, there is a complete tear of the anterior cruciate ligament, the posterior cruciate, medial collateral and lateral collateral ligaments are normal and a small amount of marrow contusion is seen in the posterior lateral tibial plateau; right knee X-ray on 12/22/14 showed no acute fracture was identified, the alignment was normal, no significant joint disease was noted, no significant soft tissue abnormality was identified, bone marrow calcifications were seen in the distal shaft of right femur and small amount of joint effusion was noted; Tylenol #3; ibuprofen; knee brace and cane; magnetic resonance imaging (MRI) of the knee; magnetic resonance imaging (MRI) of the lumbar spine on 2/23/15; pain medication and anti-inflammatories. MRI of the lumbar spine showed multilevel broad disc bulge, mild right foraminal stenosis at L4-5 and mild to moderate left central stenosis at L3-4. The request was for lumbar epidural steroid injection, left lumbar L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (lumbar epidural steroid injection), Left Lumbar L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309,Chronic Pain Treatment Guidelines chronic pain Page(s): 46.

Decision rationale: The MTUS states that epidural injection for radicular pain is an optional procedure, but it is not recommended for lumbar pain without radiculopathy. The lumbar chapter also states that epidural injections may offer short term improvement in leg pain and sensory deficits with nerve root irritation from a herniated disc, but they have not been shown to offer long term benefit nor do ESIs reduce the need for surgical intervention. Despite the lack of proof, many physicians believe that these injections offer diagnostic and or therapeutic benefit in the patient transitioning from acute to chronic pain. The Chronic pain section states that no more than 2 injections should be given and that research shows that an average of less than2 injections are needed for a successful outcome. The second injection is offered if there is partial response from the first and that 3 are rarely needed. It is noted that they should be given in concert with other modalities such as home exercise and other physical methods and that the pain relief from the injections is short term. The American Academy of Neurology states that epidural injections may lead to improved radicular L-S pain 2-6 weeks after injection but do not improve function of the patient or eventual need for surgery and that no long term relief for greater than 3 months is accrued. The following criteria for use are delineated: #1 ,there should be radiculopathy on exam which is corroborated with imaging or electrodiagnostic studies;# 2 ,the patient is unresponsive to conservative treatment such as exercise, PT, NSAIDs ,and muscle relaxants; #3, fluoroscopy technique should be used for localization; #4, no more than 2 injections should be given at 1 to 2 week intervals; #5,no more than 1 interlaminar level should be injected at 1 session; #6 In the therapeutic phase, utilizing repeat block should be based on continued improvement and at least 50 % pain relief and decreased need for pain meds at 6- 8 weeks after the injection. General recommendations are for no more than 4 blocks per region per year. This patient is noted to have multilevel disc bulges and foraminal and central stenosis on the lumbar MRI but no mention is made of disc protrusion at the specific lumbar nerve root causing radiating nerve pain. This fact in addition to the lack of long term benefit of steroid injections for lumbar disc pain provide rational to corroborate the decision of UR to deny the request. Therefore, the procedure is not medically necessary and the UR is justified in its decision.