

<b>Case Number:</b>	CM14-0125572		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 6/21/11. A utilization review determination dated 7/31/14 recommends denial of Lumbar Epidural Steroid Injection (LESI) and right knee MRI. 7/24/14 medical report identifies pain in the low back and right knee. On exam, there is low back tenderness and SLR [down arrow] left leg as well as "tender meniscus" right knee. Recommendations include ESI and right knee MRI. 6/5/14 medical report identifies low back extending to both legs and pain in both knees. On exam, there is "tenderness on deep palpation on the medial meniscus" on both knees and McMurray test was positive bilaterally. There is "disc tenderness" at L4-S1. There was a discussion regarding spine surgery and a recommendation for bilateral knee MRIs. 4/30/14 lumbar spine MRI demonstrates a disc protrusion with moderate left subarticular stenosis and probable mass effect upon the traversing left L5 nerve root. Probable extruded disc material or sequestered disc fragment results in abutment of the traversing left S1 nerve root resulting in 2 mm of posterior displacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lesi L5-S1 x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, while there are significant imaging findings, there is no documentation of pain in a dermatomal distribution and the clinical findings do not corroborate the radiculopathy. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.

**MRI right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 341-342.  
Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 table 13--1 AND 13-3.

**Decision rationale:** Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is documentation of ongoing knee pain with a positive McMurray's test, which is evidence of catching on physical examination testing suggestive of meniscal injury. The patient also has what is apparently medial joint line tenderness, which is also suggestive of meniscal injury. In light of the above, the currently requested MRI is medically necessary.