

<b>Case Number:</b>	CM14-0164178		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Emergency Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 60-year-old female who reported an injury on 11/30/2012 due to falling and striking her left knee cap on a hard surface. Diagnoses were knee sprain/strain, derangement of meniscus, lumbosacral or thoracic neuritis or radiculitis unspecified, status post left knee surgery 2012, and history of hypertension. Physical examination dated 09/10/2014 revealed complaints of increased low back pain rated an 8/10 to 9/10. It was reported as constant, and felt like needles, tingling, and radiated into the left lower extremity, and to the left knee posteriorly. There were reports of left knee pain rated a 9/10, and reported as constant with needles, tingling, and numbness on the outside of the knee. The injured worker wears a brace on bilateral knees. Medications were Tylenol 500, tramadol 50 mg, omeprazole 20 mg, Menthoderm, and Lidoderm 5% patches. The injured worker currently participates in a home exercise program, and uses a TENS unit daily for pain control. Examination revealed tenderness to palpation of the lumbar spine with spasms, there was pain with range of motion. Left knee revealed pain with extension and flexion. There was left lower extremity weakness, and the injured worker ambulated with a cane on the left side. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The decision for lumbar epidural steroid injection is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that your radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment, including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The request does not indicate what level the epidural steroid injection is to be given. The request does not indicate that the epidural steroid injection is to be done with fluoroscopy. There are no neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in the specific dermatomal/myotomal distribution. The clinical information submitted for review does not provide evidence to justify a lumbar epidural steroid injection; therefore, this request is not medically necessary.