

<b>Case Number:</b>	CM15-0122701		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: 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 injured worker is a 66 year old female, who sustained an industrial injury on 1/30/07. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar spine degenerative disc disease with disc protrusions; left knee osteoarthritis; status post left knee arthroscopy (2007). Treatment to date has included physical therapy; aquatic therapy; lumbar interlaminar epidural steroid injection #1 (2/19/15); medications. Diagnostics studies included MRI lumbar spine (9/19/14); x-ray left knee (9/19/14). Currently, the PR-2 notes dated 10/6/14 indicated the injured worker was seen in this office for a follow-up orthopedic evaluation and treatment. The documentation notes since her last examination, she feels worse and complains of low back and left knee pain rated at 8/10. The pain radiates to the left leg, right upper are, foot and hips. She is continuing her aquatic therapy as recommended. She has received physical therapy and chiropractic therapy and has attended two sessions. She does swimming exercises at home. She is currently off work. The provider demonstrates a physical examination on this date noting the lumbar spine tenderness to palpation, guarding and spasms over the paravertebral region and spinous process. Range of motion was restricted due to pain and spasm. Myotomes test revealed 3/5 strength at L2, L3, L4, L5 and S1 bilaterally. On examination of the left knee the provider notes tenderness to palpation, swelling and synovitis noted over the medial and lateral joint line. Drawer tests were positive. Her manual muscle testing revealed: 3/5 strength with flexion and 4/5 strength with extension. Range of motion was restricted due to pain. A MRI of the lumbar spine was completed on 9/19/14 and revealed multilevel disc protrusions and degeration with canal/ foraminal stenosis and facet hypertrophy. On 2/19/15, the injured worker

has the first lumbar epidurogram with lumbar interlaminar epidural injection at L5-S1 interlaminar space. However, the provider does not submit follow-up notes to show benefit of the procedure. The provider is requesting authorization of lumbar epidural steroid injection #2.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar epidural steroid injection #2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with MRI findings of such, to repeat a LESI 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 six to eight weeks. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Lumbar epidural steroid injection #2 is not medically necessary and appropriate.