

<b>Case Number:</b>	CM15-0128410		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32 year old female, who sustained an industrial injury on 06/19/2012. She has reported injury to the bilateral knees and the low back. The diagnoses have included L4- S1 discogenic pain; lumbar radiculitis; bilateral knee chondromalacia patella; status post left knee arthroscopy and lateral retinacular release, and chondroplasty of the patella, on 02/08/2013; right knee internal derangement; and status post right knee diagnostic arthroscopy, synovectomy, and partial medial meniscectomy, on 01/26/2015. Treatment to date has included medications, diagnostics, injections, lumbar epidural injection, physical therapy, home exercise program, and surgical intervention. Medications have included Vicodin, Ibuprofen, Norco, Bupropion, Naproxen, Dicopanol, Fanatrex, Synapryn, Tabradol, Deprizine, Ketoprofen cream, and Terocin patches. A progress note from the treating physician, dated 05/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; she is status post epidural injection; and the epidural injection gave her relief for one week, but then the pain recurred. Objective findings included tenderness to palpation over the paraspinal musculature; there is no tenderness to palpation over the spinous process; ranges of motion are within normal limits; and sensation is intact in all dermatomes. The provider noted that since the epidural injection gave her relief for one week, it is considered a positive diagnostic injection, and is recommending a second epidural injection for cumulative effect. The treatment plan has included the request for L4-L5 epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 epidural injection:** 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 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for 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. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested epidural steroid injection is not medically necessary.