

<b>Case Number:</b>	CM15-0098622		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Indiana, New York  
 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 52 year old female, who sustained an industrial injury on 10/20/08. She reported left arm and knee pain. Treatment to date has included epidural injections, medication, MRI, urine drug screen, medication, surgery and physical therapy. Currently, the injured worker complains of low back pain rated at 7-8/10 and left knee pain rated 10/10. The pain is exacerbated with prolonged sitting or lying down. The injured worker is diagnosed with lumbar radiculopathy, left knee neuropathic pain, low back pain, post left knee arthroscopic meniscal repair and left lower extremity neuropathy. She is on modified work status. A note dated 3/27/15 states the injured worker experienced efficacy from the epidural injections for approximately 4 weeks at 75% relief in symptoms and 50% thereafter. The injured worker was also able to reduce her oral pain medication. Her gait is altered, she is unable to heel/toe walk, and there is spasm and guarding to the paravertebral muscles noted. She has a decreased range of motion in the lumbar spine. Her left knee is tender to palpation and there is mild swelling and redness noted. The following procedure, a third transforaminal epidural steroid injection at bilateral L4-L5/L5-S1 is requested to reduce the pain and inflammation resulting in restoration of range of motion and ability to engage in more active treatment programs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3rd transforaminal epidural steroid injection at bilateral L4-5 / L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines ASIPP Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, third transforaminal epidural steroid injection at bilateral L4 -L5 and L5 - S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks . . .etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar radiculopathy; left knee neuropathic pain; low back pain; status post arthroscopic meniscal left knee repair; and left lower extremity neuropathy. The date of injury is October 20, 2008. The request for authorization was April 17, 2015. The treating provider provided the first transforaminal epidural steroid injection October 30, 2014. There was 100% pain relief for three weeks and then 50% pain relief for 6 to 8 weeks. A second transforaminal epidural steroid injection was provided February 9, 2015 with 75% pain relief for the first four weeks and 50% thereafter. Documentation states the injured worker was able to reduce the oral intake of medications. There are no specifics regarding oxycodone, Norco, Valium and Neurontin reduction. According to the March 27, 2015 progress note, the treating provider requested full refills of Oxycodone 30 mg one TID #90; Norco 10/325 mg one every 4 to 6 hours #120; Valium 10 mg 1 PM TID #90 and Neurontin 600 mg 1 po TID #60. There was no change in the refill quantities of opiates and benzodiazepines. Subjectively, according to the March 27, 2015 progress note, the injured worker has complaints of low back pain and left knee pain. There are no subjective complaints of radiculopathy. Objectively, the injured worker has an antalgic gait on the left. There is tenderness and spasm of the paravertebral lumbar muscles. There is decreased sensation in the L4 and L5 dermatomes bilaterally. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no specific documentation in medication reduction for 6 to 8 weeks with full refills requested for opiates and benzodiazepines, third transforaminal epidural steroid injection at bilateral L4 -L5 and L5 - S1 is not medically necessary.