

Case Number:	CM13-0002619		
Date Assigned:	03/21/2014	Date of Injury:	02/17/2006
Decision Date:	06/30/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/23/2013

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 Occupational Medicine 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:

The patient is represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 17, 2006. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of February 24, 2011, notable for a 3-mm disk herniation at L4-L5 with associated impingement of the left L5 nerve root; electrodiagnostic testing of January 17, 2014, notable for evidence of chronic L4 and L5 radiculopathy; earlier left knee arthroscopy in 2006; and extensive periods of time off of work. In a Utilization Review Report of July 5, 2013, the claims administrator denied a request for a lumbar epidural steroid injection, stating that there was insufficient evidence of radiculopathy. The claims administrator cited a variety of guidelines, resulting in an approximate 10-page report. The patient's attorney subsequently appealed. In a progress note of March 6, 2014, the patient presented with persistent low back pain with intermittent radicular complaints. The patient was reporting radiation of pain to lower extremities. The patient had a positive McMurray sign about the knee and also had knee issues, it was further noted. Positive straight leg raises was noted about the legs with diminished sensorium noted about the L3-L4 dermatomes bilaterally. Norco, a right knee arthroscopy, and epidural steroid injection were endorsed. The patient was placed off of work, on total temporary disability. It was stated that the patient was apprehensive of pursuing a lumbar discectomy procedure. An Agreed Medical Evaluation of October 30, 2013, suggested that the patient had not had prior epidural steroid injection therapy through that point in time. In a June 27, 2013 progress note, the patient's treating provider performed a knee corticosteroid injection and stated that he was seeking authorization for epidural steroid injection therapy, noting that the patient had not had any epidural steroid injections over the life of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION 06/27/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The request in question represents a first-time request for epidural steroid injection therapy. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended in the treatment of radiculopathy, preferably that which is radio-graphically and/or electro diagnostically confirmed. In this case, the patient has clinically evident, radio-graphically confirmed, and electro diagnostically-corroborated lumbar radiculopathy. He has not had any prior epidural steroid injections. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, furthermore, support up to two epidural steroid injections. Accordingly, the original utilization review decision is overturned. The request is medically necessary, on Independent Medical Review.