

Case Number:	CM13-0020565		
Date Assigned:	10/11/2013	Date of Injury:	12/21/1998
Decision Date:	01/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma. 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 physician 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.

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 a 58-year-old female who reported an injury on 12/21/1998. The patient is currently diagnosed with status post bilateral total hip replacement, status post right total hip arthroplasty revision, status post left total hip arthroplasty revision, lumbar spine disc bulge, status post right knee surgery, status post right knee arthroplasty revision, status post left knee surgery and bilateral knee strain. The patient was recently seen by [REDACTED] on 07/24/2013. The patient reported right hip and lower back pain as well as bilateral knee pain. Physical examination revealed 4/5 strength of the left lower extremity with decreased sensation to light touch over the left lower extremity. Treatment recommendations included aquatic therapy, chiropractic treatment and consultations with internal medicine, psychiatry, pain medicine, orthopedics and a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI for right lumbar at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the latest physical examination was documented on 06/10/2013 by [REDACTED]. The patient demonstrated an antalgic gait, 5/5 muscle strength and tone in the bilateral lower extremities, tenderness to palpation over the anterior portion of the left knee with 3+ effusion, tenderness to palpation over the posterior left hip and intact sensation to the bilateral lower extremities. There is no documentation of radiculopathy on physical examination. There were no imaging studies or electrodiagnostic testing submitted for review to corroborate a diagnosis of radiculopathy. There was also no evidence of a failure to respond to conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants. Based on the clinical information received, the patient does not currently meet the criteria for the requested procedure. As such, the request is non-certified.