

Case Number:	CM13-0031330		
Date Assigned:	12/27/2013	Date of Injury:	09/19/1990
Decision Date:	12/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 19, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 16, 2013, the claims administrator denied a request for an epidural steroid injection. The claims administrator stated that it was basing its decision on MTUS guidelines but did not state or cite the guidelines that it was incorporating into its report. It was not evident whether the request was a first-time request or a renewal request. Lumbar MRI imaging of February 4, 2013 was notable for multilevel degenerative changes at lumbar spine with moderate-to-severe spinal canal stenosis appreciated at L3-L4. In a handwritten note dated January 2, 2013, difficulty to follow, not entirely legible, the applicant reported ongoing complaints of knee and low back pain. The applicant was asked to continue home exercise program and a TENS unit. An orthopedic mattress was endorsed while the applicant was placed off of work, on total temporary disability. A multimodality transcutaneous electrotherapy unit was endorsed. In a November 21, 2012 progress note, the applicant was described as having ongoing complaints of bilateral knee and low back pain. The applicant was placed off of work, on total temporary disability. MRI imaging of the knee was sought. The applicant was asked to continue unspecified over-the-counter medications. A medical-legal evaluator opined on February 15, 2013 that the applicant was a candidate for epidural steroid injection therapy. Again, however, it was not stated whether the applicant had had prior epidural injections or not. On March 26, 2013, the applicant received multilevel lumbar facet blocks. The applicant was placed off of work, on total temporary disability, on February 13, 2013. On March 26, 2013, the applicant received multilevel lumbar

facet blocks. The epidural injection was apparently sought via a progress note dated September 19, 2013, per the claims administrator. The remainder of the file was surveyed. However, the September 19, 2013 progress note does not appear to have been incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI LUMBAR L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ESI

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, the attending provider's documentation and reporting of the applicant's circumstances suggested that the applicant is having mechanical, axial lower back pain and mechanical, axial knee pain. There was no mention or description of low back pain radiating to the lower extremities and/or symptoms of numbness, tingling, and/or paresthesias of the lower extremities present here, although it is seemingly acknowledged that the progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review report. The information which is on file, however, does not support or substantiate the request as it (a) contains no mention of whether or not the applicant has had prior epidural injections or not and/or (b) it contains no mention or discussion of active radicular complaints for which epidural steroid injection therapy could be considered. Therefore, the request is not medically necessary.