

Case Number:	CM13-0040846		
Date Assigned:	12/27/2013	Date of Injury:	09/19/1990
Decision Date:	07/29/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery 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 records presented for review indicate that this 65-year-old male was reportedly injured on September 19, 1990. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 3, 2014, indicated that there were ongoing complaints of bilateral knee pain and low back pain. The physical examination demonstrated tenderness at the medial and lateral joint lines, patella femoral crepitus, and a positive Apley's grind test of the knee, although it was not stated which knee. The examination of the lumbar spine noted spasms and painful limited range of motion. There was a positive right sided straight leg raise test at 70 degrees and decreased sensation in the right L5 nerve distribution. There was diffuse tenderness over the lumbar paraspinal musculature. Treatment plan involved continued use of a transcutaneous electrical nerve stimulation unit and over-the-counter medications. The previous treatment included lumbar epidural steroid injections, left knee lateral meniscectomy and right knee arthroscopic debridement. A request had been made for lumbar epidural steroid injections and was not certified in the pre-authorization process on October 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI R SIDED L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: According to the most recent progress note, dated April 3, 2014, the injured employee did receive approval to proceed with lumbar epidural steroid injections. Additionally, the injured employee has received previous epidural steroid injections with only a maximum of 40 days of pain relief. Furthermore, there were no objective studies available for review to corroborate potential radiculopathy findings. For these multiple reasons, this request for lumbar epidural steroid injections from L4 through S1 is not medically necessary.