

Case Number:	CM13-0047302		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2013
Decision Date:	03/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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 and Texas. 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. 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 a 31-year-old female who reported an injury on 02/19/2013 after a trip and fall reportedly caused injury to her right knee. Treatments have included anti-inflammatory medications, a knee brace, physical therapy, assisted ambulation, and ice application. The patient ultimately underwent surgical intervention for a partial medial meniscectomy. This was followed by postoperative physical therapy. The patient underwent manipulation under anesthesia on 10/08/2013. The patient's most recent clinical evaluation reveals that the patient had aggravated back pain secondary to the patient's knee condition. The patient underwent an MRI of the lumbar spine which revealed a disc bulge at the L3-4 indenting on the thecal sac, a disc bulge at the L4-5 indenting on the thecal sac, and a disc bulge at the L5-S1 indenting on the thecal sac. The patient most recent physical examination findings included restricted range of motion of the lumbar spine, decreased sensation on the lateral aspect of the right calf area. The patient's diagnoses included status post right knee surgery, chronic myofascial pain syndrome, and protrusion at the L4-5 level. The patient's treatment plan included trigger point injections and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Epidural Injection at the L4-5, L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

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

Decision rationale: The requested epidural steroid injection at the L4-5 and L5-S1 levels is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient's treatment has primarily been focused on the knee. There is no documentation that the patient has had any conservative treatment for lumbar spine. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings upon examination that are corroborated by an imaging study and have failed to respond to conservative treatment. Although the clinical documentation does provide subjective evidence of decreased sensation over the right lateral calf, there is no documentation of motor strength weakness, depressed reflexes, or orthopedic test that supports the diagnosis of radiculopathy. Additionally, there is no documentation that the patient has failed to respond to any conservative treatment directed at the lumbar spine. As such, the requested epidural steroid injection at the L4-5 and L5-S1 levels is not medically necessary or appropriate.

The request for Home Health Care 4-6 hours per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

Decision rationale: The requested home health care 4 to 6 hours per day is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home health care when patients are home bound on a part time or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the patient is home bound on a part time or intermittent basis. Therefore, the need for home health care is not clearly established. As such, the requested decision for home health care 4 to 6 hours per day is not medically necessary or appropriate.