

Case Number:	CM13-0054479		
Date Assigned:	12/30/2013	Date of Injury:	10/22/2003
Decision Date:	03/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/19/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 65 year old female who reported an injury on 10/22/2003. The mechanism of injury was noted to be the patient was trying to hold on to a 90 pound child and keep them from falling down the stairs. The patient and the child fell down the stairs. The patient was noted to undergo a total knee arthroplasty and a revision of a total knee arthroplasty. The revision was noted to be on 01/03/2013. The patient had a diagnosis of heterotrophic bone of the left knee and underwent a revision, and was receiving radiation therapy for the heterotrophic left knee. The patient's diagnosis was noted to be spondylolisthesis and the request per the DWC Form RFA was for an injection left transforaminal epidural L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left injection transforaminal epidural L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: California MTUS Guidelines indicate that an epidural steroid injection is appropriate for radiculopathy that is documented by objective findings physical examination,

corroborated by imaging studies and/or electrodiagnostic and must be initially unresponsive to conservative treatment. There was a lack of documentation of the patient's prior conservative care. Additionally, there was lack of documentation indicating a recent thorough physical examination as the previous examination was from 01/2013. There was a lack of documentation of an MRI or electrodiagnostic studies indicating the patient had radiculopathy and there was a lack of documentation indicating the patient was initially unresponsive to conservative care. Given the above, the request for 1 left injection transforaminal epidural L5-S1 is not medically necessary.