

Case Number:	CM13-0066513		
Date Assigned:	01/03/2014	Date of Injury:	09/20/2010
Decision Date:	04/17/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 46-year-old male who reported an injury on 02/20/2010 due to cumulative trauma while performing normal job duties. The patient's treatment history included surgical intervention to the left knee, postsurgical physical therapy, and injection therapy. The patient also developed low back pain and psychological distress related to chronic pain that was treated with physical therapy, a home exercise program, and psychological support. The patient's most recent clinical evaluation noted that the patient had limited range of motion secondary to pain and tenderness to palpation over the lumbar paravertebral musculature and left sacroiliac joint. The patient had normal motor strength testing, with no evidence of neurological deficits. The patient's diagnoses included status post right knee arthroscopy, degenerative joint disease of the right knee, moderate degenerative joint disease of the left knee, lumbar degenerative disc disease with spondylolisthesis and Morton's neuroma of the bilateral feet. The patient's diagnoses included continued psychological support 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:

L4-5 and L5-S1 epidural steroid injections times two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have documented physical findings of radiculopathy that are corroborated by an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review did not provide any physical evidence of radiculopathy. There was also no imaging study provided for review to support nerve root pathology. Additionally, the request is for 2 injections. California Medical Treatment Utilization Schedule recommends repeat injections based on significant pain relief of at least 50% for 6 to 8 weeks. Without evidence of significant benefit from an initial injection, the necessity of a repeat injection cannot be determined. As such, the requested L4-5 and L5-S1 epidural steroid injection times 2 is not medically necessary or appropriate.