

Case Number:	CM13-0067027		
Date Assigned:	05/14/2014	Date of Injury:	08/13/2008
Decision Date:	08/14/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 61-year-old male who reported an injury on 8/13/08. The injury was caused from cumulative trauma from driving a forklift. The injured worker had an examination on 10/29/13 with complaints of lower back. He also complained of pain when he is going up and down stairs, when kneeling, and in cold weather. The injured worker has had an epidural steroid injection in March 2012 and also in July 2012 with only short-term relief. The injured worker also had an epidural injection continuous catheter in May 2012 which he reported as having 50% to 60% improvement. The injured worker was wearing a back brace and a knee brace and doing a home exercise program. There was no evidence of any physical therapy or any efficacy of it. The medication list included gabapentin, Motrin, Xanax, and simvastatin. The diagnoses consisted of lumbar spondylolysis/degenerative disc disease, lumbar radiculopathy chronic with evidence of reinnervation in the distribution of the left L4 and L5 myotomes, right knee internal derangement, status post arthroscopy and partial meniscectomy, right knee and lateral meniscectomy without evidence of a re-tear, and grade 3 degeneration of the posterior horn of the medial meniscus. The injured worker also had an examination with the pain management evaluation on 10/31/13. There were tenderness and spasms bilaterally to the paralumbar musculature, greater on the left side, and the range of motion of the lumbar spine was restricted. Plan of treatment was instructions for home exercise program, to continue Motrin and Neurontin, and to follow-up in a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION 1 X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. The guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Those imaging studies were not provided for review. The criteria also recommends that the injured worker needs to be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. There is no evidence that there was unresponsiveness to those conservative treatments. The guidelines also suggest that the injection should be performed using fluoroscopy for guidance and the recommendation does not state the need for a fluoroscopy. Furthermore, the request does not state as to which site that the injections are to be done. Therefore, the request for the lumbar epidural steroid injection is not medically necessary.