

Case Number:	CM13-0068914		
Date Assigned:	01/03/2014	Date of Injury:	08/20/2010
Decision Date:	07/18/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Mississippi. 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 48-year-old was reportedly injured on August 20, 2010. The mechanism of injury occurred while performing his usual and customary duties as a driver. The most recent progress note, dated September 25, 2013 indicates that there are ongoing complaints of back pain with radiation to bilateral lower extremities. Bilateral knee pain unchanged after knee surgery. The patient continues to have stiffness and spasm of the lower lumbar spine with radiation to bilateral lower extremities. Bilateral knee patellofemoral crepitation and pain with some quad weakness bilaterally. No diagnostic studies are available for review. However, there is mention of a right knee MRI as well as left knee MRI showing right and left knee medial meniscal tears. There is not a MRI or radiological reports available for review so this information cannot be verified. Previous treatment includes medications: Naprosyn 500mg, Norco10, and topical analgesic cream. A request had been made for lumbar epidural steroid block at L5-S1 and was not certified in the pre-authorization process on November 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID BLOCK AT L5-S1: Upheld

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

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

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuation of a home exercise regimen. The Chronic Pain Medical Treatment Guidelines allow for epidural steroid injections when real radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the medical documentation of this 48-year-old male, there is insufficient clinical documentation/evidence supporting the need for this recommended procedure. The provider does mention radicular pain from the lumbar spine to the lower extremities, but does not specify limitations of function, or dermatomal distribution. The request for a lumbar epidural steroid block at L5-S1 is not medically necessary or appropriate.