

Case Number:	CM13-0069369		
Date Assigned:	01/03/2014	Date of Injury:	12/06/2011
Decision Date:	05/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/21/2013

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 & 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 60-year-old male who reported an injury on 12/06/2011 after he stepped off an elliptical machine. The injured worker reportedly sustained an injury to multiple body parts to include his right knee. The injured worker's treatment history included a surgical intervention, postsurgical physical therapy, Synvisc injections, and multiple medications. The injured worker underwent an MRI dated 02/19/2012. It concluded that there were disc bulges at the L3-L4, L4-L5, and L5-S1 impinging on the exiting nerve roots. The injured worker was evaluated on 06/05/2013. Physical findings of the lumbar spine included tenderness to palpation of the lumbar paravertebral muscles with limited range of motion secondary to pain and a postive seated nerve root test. The injured worker's diagnoses included cervical discopathy with radiculitis, lumbar discopathy with radiculitis, carpal tunnel/double crush syndrome, right hip trochanteric bursitis, internal derangement of the bilateral knees, status post right knee arthroscopy, left knee meniscus tear with chondromalacia patella, and electrodiagnostic evidence of bilateral ulnar neuropathy. The injured worker's treatment plan from that physician included a lumbar epidural steroid block.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION AND EPIDUROGRAPHY WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, ESI.

Decision rationale: California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers with radiculopathy upon physical exam findings that is corroborated by an imaging study and recalcitrant to conservative measures. The clinical documentation submitted for review does indicate that the injured worker has radicular symptoms as there is a positive seated nerve root test; however, radiculopathy correlating with specific dermatomal distributions is not clearly evident within the submitted documentation. The clinical documentation did include an MRI that supported nerve root impingement at the L5-S1 level. The clinical documentation submitted for review did not provide any recent documentation or interim treatment to determine the appropriateness of an epidural steroid injection. Additionally, California Medical Treatment Utilization Schedule does not address anesthesia; however, Official Disability Guidelines recommend anesthesia be limited to patients who have significant anxiety related to the procedure or needles. The clinical documentation does not provide any evidence that the injured worker has any anxiety related to the procedure that would require anesthesia. Therefore, this procedure would not be supported. As such, the requested right L5-S1 transforaminal epidural steroid injection and epidurography within anesthesia is not medically necessary or appropriate.