

Case Number:	CM14-0014855		
Date Assigned:	02/28/2014	Date of Injury:	11/13/2012
Decision Date:	07/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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:

This is a 44-year-old male patient with a 11/13/12 date of injury. A 3/3/14 progress report indicates persistent left knee pain. A physical exam demonstrates minimal left knee effusion, and slight calf tenderness. Left knee x-rays demonstrate slight narrowing of the medial joint space. A 4/27/13 lumbar MRI demonstrates, at L5-S1, a disk herniation resulting in displacement of the right S1 nerve root in the neural foramen. There is L4-5 spondylolisthesis and minimal joint arthritis at that level. A 1/6/14 physical exam demonstrates limited lumbar range of motion and unremarkable lower extremity neurologic findings. The treatment to date has included home exercise, medication, activity modification. There is documentation of a 1/27/14 previous adverse determination for lack of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral selective nerve root epidural at L4 and L5, with fluoroscopy and sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, the guideline criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. While the MRI demonstrates, at L5-S1, a disk herniation resulting in displacement of the right S1 nerve root in the neural foramen, and the physical exam did not demonstrate focal neurologic deficits that would correlate to the L4, L5, or S1 nerve roots specifically. Therefore, the request for bilateral selective nerve root epidural at L4 and L5, with fluoroscopy and sedation is not medically necessary.