

Case Number:	CM14-0172569		
Date Assigned:	10/23/2014	Date of Injury:	11/06/2009
Decision Date:	12/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 32-year-old woman who sustained a work-related injury November 6, 2009. Subsequently, she developed chronic back, chest, and knee pain. According to a progress report dated August 23, 2014, the patient complained of left knee, low back, and chest pain rated with an average intensity of 7-8/10. The pain presents with a stabbing and throbbing quality. Overall, the patient stated that her pain had worsened since her last visit. On examination, the patient was unable to feel-toe walk. She reported a chest pain that was referred from the thoracic spine. The patient was still in too much pain to perform range of motion or any other orthopedic testing. Examination of the left knee revealed medial instability, lateral instability, positive patellar grinding, positive patellar apprehension, and positive swelling. Flexion was 110 degrees and extension was 0 degrees. Flexion of the right knee was 140 degrees and extension 0 degrees. Examination of the left ankle revealed medial instability, lateral instability, positive anterior drawer, and positive posterior drawer. The patient was diagnosed with lumbar spine disc herniation and left knee internal derangement with a torn meniscus. The provider requested authorization for Lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections (ESIs), Therapeutic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. The MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, lumbar epidural steroid injection is not medically necessary.