

Case Number:	CM14-0175152		
Date Assigned:	10/28/2014	Date of Injury:	03/27/2014
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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 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:

This 29 year-old patient sustained an injury on 3/27/14 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Left L5-S1 transforaminal epidural steroid injection. Diagnoses include lumbar strain/sprain; knee/leg sprain s/p left knee arthroscopy. MRI of the lumbar spine dated 5/21/14 showed early degenerative disc disease at L4-S1; otherwise negative MRI; no disc herniation or nerve root displacement. Report of 7/31/14 from the provider noted the patient with low back and bilateral knee pain. The patient was scheduled for left knee surgery. Exam showed lumbar spine with tenderness and positive facet stress test. Treatment plan included lumbar medial branch blocks. Records indicate request for bilateral medial branch blocks at L3, L4, and L5 was authorized on 8/7/14; however, it is not clear if this has been done. Medications list Cyclobenzaprine, Ibuprofen, Hydrocodone-Acet; Meloxicam. Report of 9/4/14 from the provider noted the patient was s/p left knee surgery presenting with low back pain described as going to left leg to midcalf level with pins-and-needles. Exam showed lumbar spine tenderness; negative SLR (straight leg raise); positive bilateral facet stress test; decreased sensation at left L5-S1; normal symmetrical DTRs (deep tendon reflexes) and intact 5/5 motor strength. The request(s) for Left L5-S1 transforaminal epidural steroid injection was non-certified on 9/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal epidural steroid injection: 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 (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Although the provider requested and was approved for recent multilevel facet blocks, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this injury without evidence of functional improvement. MRI had no evidence of HNP (herniated nucleus pulposus) or nerve impingement nor was there any clear specific radiculopathy identified on clinical exam to support for the LESI (lumbar epidural steroid injection). The Left L5-S1 transforaminal epidural steroid injection is not medically necessary and appropriate.