

Case Number:	CM14-0031278		
Date Assigned:	06/20/2014	Date of Injury:	12/22/2005
Decision Date:	09/19/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Med 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:

The injured worker is a 58-year-old male who sustained an injury on December 22, 2005. He was diagnosed with status post right total knee arthroplasty. A request was submitted for bilateral epidural steroid injection at L3-4 and L4-5. Medical records reviewed consisted of progress reports pertaining to the right knee post surgery and clinical documentation of physical therapy directed to the right knee and a medical legal report for the denial of lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar L3-4 L4-5 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The request for bilateral epidural steroid injection at L3-L4 and L4-L5 is not medically necessary at this time. It should be noted that there was lack of information provided to base a decision. Medical necessity of the requested treatment cannot be determined as the medical records provided were relative to the knee. The Chronic Pain Medical Treatment

Guidelines provide criteria for the use of epidural steroid injections. Progress reports of the injured worker should document radiculopathy by physical examination and imaging studies and failure of conservative treatments. There should be evidence of continued objective documented pain and functional improvement, report of at least 50% pain relief, and reduction of medication use for six to eight weeks for repeat block requests. These were not found in the reviewed treating physician's progress reports. Hence, the request for bilateral epidural steroid injection at L3-L4 and L4-L5 is not medically appropriate at this time.