

Case Number:	CM14-0031732		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2012
Decision Date:	11/13/2014	UR Denial Date:	02/17/2014
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 Osteopathic Family Medicine, has a subspecialty in Occupational Medicine and Pain 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:

The patient is a 49 year old male who sustained an industrial injury on 6/3/12. The patient underwent left knee arthroscopy and modified lateral retinacular release on 10/16/13. The patient was seen on 2/3/14 at which time he complained of residual left knee pain. He complained of ongoing pain in the low back and plantar aspect of the left foot. He complains of tingling sensation in the buttocks with shooting right leg pain. Medications consist of cream, naproxen, Norco and pantoprazole. On examination, patellar DTR was trace on the right and 1 on the left. Achilles reflex was absent of the right and 1 on the left. Right SLR causes low back and buttock pain. Examination revealed tenderness in the right paralumbar and SI joint. The patient is diagnosed with lumbar S/S, right compression neuropathy ulnar nerve, left plantar fasciitis, left ankle sprain, left elbow lateral epicondylitis and patellofemoral chondromalacia S/P left knee arthroscopy. Request was made for refill for medications, LESI x 1 L5-S1 for low back and right radicular pain, PT (physical therapy) 2x4 for the lumbar spine to do in conjunction with ESI, and additional 4 visits of PT left knee for strengthening. UR on 2/17/14 non-certified the request for L5-S1 LESI as the examination did not include dermatomal sensory testing and motor strength tests in the appropriate muscle group to suggest the diagnosis of radiculopathy. Recent evaluation also did not show evidence of unequivocal root tension signs in the lumbar spine. There was no available imagining or EDS to document correlating concordant nerve root pathology. Records did not provide evidence that the patient has failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) L5-S1 QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45-46.

Decision rationale: According to the CA MTUS guidelines with regards to ESI, "(1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records do not establish radiculopathy in a dermatomal pattern on clinical examination. The medical records do not provide lumbar MRI or electrodiagnostic evidence of lumbar nerve root compression to support the request for LESI. Therefore, the request for Lumbar epidural steroid injection L5-S1 QTY: 1 is not medically necessary.