

Case Number:	CM14-0032025		
Date Assigned:	06/20/2014	Date of Injury:	11/29/2012
Decision Date:	09/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 11/29/2012; while working as a manager, he slipped and fell injuring his knee. The injured worker had a history of lower back pain that radiated to the bilateral lower extremities accompanied by numbness and tingling. The injured worker had a diagnosis of chronic pain, lumbar radiculitis, right elbow pain, left knee pain, intercostal neuralgia, iatrogenic opiate dependency, chronic pain, and status post left chest injury intercostal neuralgia. The diagnostics included an MRI dated 06/17/2013 of the left knee, which revealed a tear to the anterior horn of the lateral meniscus, anterior cruciate ligament degeneration versus sprain, mild patellar tendinosis, degenerative changes of the tibial plateau, and mild degenerative changes of the patella with thinning of the underlying cartilage. The past treatments included trigger point injections, with Toradol and B-12 injections, physical therapy and medication. The physical evaluation dated 02/07/2014 to the lumbar spine revealed spasms noted bilaterally at the paraspinal musculature, tenderness noted upon palpation bilaterally at the paravertebral area at the L3 to S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain, which was significantly increased with flexion and extension rotation. The sensory examination was within normal limits. The motor examination showed decreased strength of the extensor muscles and the flexor muscles along the L4 to S1 dermatomes to the lower extremities. Straight leg raise was positive bilaterally at 50 degrees. The lower extremity examination revealed tenderness noted at the left knee with mild swelling noted, range of motion of the lower extremities left knee was decreased due to pain. The medication included hydrocodone/APAP 10/325 mg with a reported pain level of 8/10 intensity with medication and 9/10 intensity without medication, using the VAS. The treatment plan included a lumbar epidural transforaminal steroid injection. The Request for Authorization dated

06/20/2014 was submitted with the documentation. The rationale for the lumbar epidural steroid injection was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural L4-S1, 4 quantity: 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 Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for Bilateral Transformational Epidural L4-S1, 4 quantity is non-certified. The California MTUS guidelines recommends an Epidural Steroid injection as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Per the Guidelines radiculopathy must be documented by physical examination and collaborated by imaging studies. However, no diagnostics were available for review. As such, the request is not medically necessary.