

Case Number:	CM14-0048619		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2012
Decision Date:	08/13/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 42 year old male whose date of injury is 11/8/12. On this date, the injured worker jumped out of the way of a falling machine and twisted his back. Treatment to date includes left knee surgery on 2/7/13 and microsurgical hemilaminotomy L5-S1, partial medial facetectomy at L5-S1, and removal of facet cyst at L5-S1 on 5/1/13. A follow-up note dated 1/16/14 indicates that the injured worker continues to have pain in his left knee as well as low back pain with some radiation to the right buttock. The impression is of medial meniscal tear of the left knee, status post arthroscopic meniscectomy and foraminal stenosis at L5-S1, and status post surgical intervention. MRI of the lumbar spine dated 1/31/14 revealed there is a 5 mm broad based disc bulge at L5-S1 with focal right lateral prominence causing moderate to severe right neural foraminal narrowing. The right lateral recess is unremarkable. There is no evidence of canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESIs) L5-S1 series of 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Official Disability Guidelines (ODG), Pain, Epidural Steroid Injections (ESIs).

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

Decision rationale: The California MTUS guidelines do not support a series of three epidural steroid injections as subsequent injections should be based on the injured worker's response to prior injections. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by the MTUS guidelines. As such, the request is not medically necessary.