

Case Number:	CM14-0065606		
Date Assigned:	07/11/2014	Date of Injury:	10/29/2013
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 44-year-old male who reported an injury on 10/29/2013. The mechanism of injury was not stated. Current diagnoses include lumbago, unspecified internal derangement of the knee, and neck sprain. The injured worker was evaluated on 04/04/2014 with complaints of pain in the upper back and bilateral shoulders as well as the mid/lower back and left knee. Physical examination revealed limited lumbar range of motion, sciatic notch tenderness, bilateral lumbar paraspinal muscle tenderness, positive lumbar facet loading maneuver, negative straight leg raising, sacroiliac joint tenderness, positive Patrick's testing, tenderness to palpation over the lateral joint line of the left knee, normal motor strength, and intact sensation. Treatment recommendations included a lumbar epidural steroid injection and a therapeutic steroid injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid Injection L4-5: 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no documentation of an exhaustion of conservative treatment prior to the request for a lumbar epidural injection. There is also no objective evidence of radiculopathy upon physical examination. As such, the request is not medically necessary.

Therapeutic steroid injection left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as cortisone injections are not routinely indicated. The specific type of injection was not listed in the request. Physical examination of the left knee only revealed tenderness to palpation over the lateral joint line. Based on the clinical information received, the request is not medically necessary.