MAXIMUS Federal Services

Case Number:	CM14-0068588		
Date Assigned:	07/14/2014	Date of Injury:	08/16/2010
Decision Date:	09/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 55-year-old female who was injured on 08/16/10. Diagnoses included bilateral knee MLI, lumbar MLL secondary to bilateral knee MLL, Right upper extremity MLI including right shoulder and right wrist, Obesity, hypertension reaction to stress and anxiety. MRI of Lumbar spine dated 04/23/12 showed broad based posterior annular protrusion at L4-5 with associated facet arthropathy at L4-5 and L5-S1. At L2-3 there is a 4 mm disc protrusion with slight neural foraminal stenosis. The patient had LESI on 09/12/13 which provided 60% relief lasting four months. She underwent arthroscopic surgery to her left knee on 02/27/12 and another arthroscopic surgery to the right knee on 09/18/2012 with revision in August 2013. Due to her ongoing knee pain which alters her gait she has been experiencing pain in her low back radiating down to bilateral lower extremities. Medications included Norco 10/325 mg, Naprosyn 500 mg, Prilosec 20 mg, Topamax, and Phentermine 15 mg. The request for UR for therapeutic fluoroscopically guided transforaminal lumbar epidural steroid injection at L5-S1 (bilateral) was denied due to lack of medical necessity on 04/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Fluoroscopically guided Transforaminal Lumbar Epidural Steroid Injection at L5-S1 (bilateral): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI'S) Page(s): 46.

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

Decision rationale: Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections include:Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clinical evidence of any radicular pain in a nerve root distribution, and there is no imaging / Electrodiagnostic evidence of cervical radiculopathy; It is not clear as to why B/L L5 TF-ESI has been requested. There is no documentation of trial and failure of conservative management such as physical therapy in this injured worker. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.