

Case Number:	CM14-0014549		
Date Assigned:	02/28/2014	Date of Injury:	09/18/2013
Decision Date:	03/06/2015	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male who was injured at work on 09/18/2013. The injured worker complained of back pain. Lumbar MRI dated 11/29/2013 revealed multilevel discdiseases, including protrusion or extrusion, but no disc herniation; patent spinal foramen , slight retrolisthesis of L5-S1, mild disc height loss. MRI left knee done the same day revealed intra-substance degeneration and chondromalacia. The worker has been diagnosed of sprains and strains of unspecified site of knee and leg, chondromalacia of patella, pain in joint of lower leg, degeneration of lumbar and lumbosacral disc, and lumbago, Treatments have included knee injection . At dispute are the request for Pain management for a lumbar epidural steroid injection. The records submitted dated to 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain management for a lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back-Lumbar & Thoracic (Acute & Chronic) (last updated 12/27/2013)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 09/18/2013. . The medical records provided indicate the diagnosis of sprains and strains of unspecified site of knee and leg, chondromalacia of patella, pain in joint of lower leg, degeneration of lumbar and lumbosacral disc, and lumbago, Treatments have included knee injection. The medical records provided for review do not indicate a medical necessity for. The criteria for Lumbar Epidural Steroid injection in the MTUS include documented radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the condition must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The records provided for reviewed do not indicate presence of radiculopathy diagnosed clinically and by imaging and Electrodiagnostic studies.