

Case Number:	CM14-0123743		
Date Assigned:	08/08/2014	Date of Injury:	01/22/2014
Decision Date:	02/12/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 51 year old male with an injury date on 1/22/14. The patient complains of constant low lumbar pain, radiating in the right leg down into the toes rated 6-7/10 per 6/19/14 report. The patient also has constant right knee pain, with giving way, swelling, popping, and clicking, with pain rated 7-8/10 per 6/19/14 report. The patient reports radiation down bilateral legs, and sharp pain in the anterior and medial aspect of right knee per 4/28/14 report. The patient has worsening pain/numbness/tingling to his right lower extremity and involving his thigh, lateral side of the leg, and dorsum of his foot down to his big toe per 6/19/14 report. The patient is currently taking Norco per 6/19/14 report. Based on the 6/19/14 progress report provided by the treating physician, the diagnoses are: 1. chronic lower back pain with degenerative disc disease at level of L2-3, L3-4, L4-5 and L5-S1 with mild to moderate central canal stenosis and mild to moderate neuroforaminal stenosis at the level of L2-3, L3-4 L4-5; 2. lumbar spine spondylosis at the level of L2-3, L3-4, L4-5, and L5-S1; 3. right knee pain. A physical exam on 6/19/14 showed "L-spine range of motion is limited, with flexion decreased by 20 degrees. Straight leg raise positive on the right. The right-sided L3, L4-, L5, and S1 dermatomes show decreased sensation." The patient's treatment history includes medications, physical therapy (6 sessions, not helpful), L-spine X-rays, MRI right knee, MRI lumbar (multiple HNP), steroid injection right knee (not helpful). The treating physician is requesting outpatient right lumbar epidural steroid injection at L4-5 and L5-S1. The utilization review determination being challenged is dated 7/16/14 and denies request due to lack of documentation of neurocompression in L-spine MRI, and absence of evidence of conservative care. The requesting physician provided treatment reports from 1/22/14 to 6/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right lumbar ESI at L4-L5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, criteria for the use of an epidural s.

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

Decision rationale: This patient presents with lower back pain, right leg/foot pain, right knee pain. The provider has asked for outpatient right Lumbar Epidural Steroid Injection at L4-5 and L5-S1 on 6/19/14. MRI of the L-spine on 3/17/14 was not significantly changed from prior L-spine MRI dated 8/8/10, and showed "at L1-2, L2-3, L3-4, L4-5, and L5-S1, there are 2mm or less posterior disc bulges with the largest at L1-2, and L2-3. Mild to moderate central canal stenosis. Multilevel mild facet arthropathy." Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has worsening pain/numbness/tingling to his right lower extremity and involving his thigh, lateral side of the leg, and dorsum of his foot down to his big toe. An MRI confirms disc bulges but more importantly "moderate" stenosis at L4-5, L5-1. The exam findings show a positive straight leg raise on the right. The reports do not show a prior ESI, and a trial of this injection appears medically reasonable and consistent with the guidelines. The requested right Epidural Steroid Injection is medically necessary.