

Case Number:	CM14-0196055		
Date Assigned:	12/04/2014	Date of Injury:	09/24/2009
Decision Date:	01/21/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/24/2014

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 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:

This patient is a 58 year old male with a date of injury of 9/24/09. Per treating physician report dated 6/17/14, the patient presents with chronic low back and knee pain. The low back pain radiates into the left leg. He has had two epidural steroid injections with good symptomatic relief. Examination on this date revealed "the patient moves cautiously. He can walk on his heels and toes. His spinal flexibility is such that his fingertips reach to his proximal tibias with knees extended." The report notes that the patient has "multi-level DDD with severe narrowing of the subarticular recess of L4-5 with mild impingement in both traversing L5 nerve roots, moderately severe narrowing of both L5-S1 and neural foramina with mild impingement of both exiting L5 nerve roots." There is no MRI report provided in the medical file. The listed diagnoses are:1. Status post left knee TKR (5/15/13).2. Status post right knee TKP (2012).3. Status post ESI on 2/10/14 and 4/9/14.The patient remains temporarily totally disabled. Treatment plan is for injections with [REDACTED] in the near future, physical therapy and medications. Progress report states that "[REDACTED] will administer either an epidural steroid injection or facet block. Authorization is requested now for this procedure." The Utilization review denied the request on 11/8/14 stating that proper documentation for repeat ESI was not provided to warrant additional injections. Treatment reports from 4/24/14 through 9/2/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine lumbar/sacral injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This appears to be a request for a repeat ESI. The MTUS Guidelines page 46 and 47 recommend ESI as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. For repeat injection during therapeutic phase, "Continue objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with the general recommendation of no more than 4 blocks per year." In this case, the patient's last ESI was done on 4/9/14. Review of progress report 4/24/14 immediately following the injection states "the patient has a flare-up of his back pain, and he would like another injection." Report 6/17/14 states that prior injections provided "good symptomatic relief." MTUS recommends for repeat injections, documentation of functional improvement, medication reduction, and relief for 6 to 8 weeks. The requested repeat injection is not medically necessary.