

<b>Case Number:</b>	CM14-0198531		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 57-year-old gentleman with a date of injury of 01/01/2001. A treating physician note dated 01/01/2014 identified the mechanism of injury however the submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 01/01/2014 indicated the worker was experiencing. Documented examinations consistently described. The submitted and reviewed documentation concluded the worker was suffering from. Treatment recommendations included oral pain medication. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for a right lumbar transforaminal epidural steroid injection at L4 and at L5 and transportation to and from the facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from facility:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Transportation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Transportation.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Transportation may be needed for those requiring medical visits and/or treatments when the worker is unable to provide transportation due to the worker's disabilities. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy to the right leg, lumbar strain/sprain with moderate L4 neuroforaminal stenosis on both sides, right wrist neuropathy or carpal tunnel syndrome in both wrists, right knee ACL rupture with chondromalacia and meniscal tear, advanced arthritis in both knees, shoulder tendinitis, and abnormal blood tests looking at liver function. There was no discussion describing the reason(s) the worker was unable to provide transportation due to the worker's disabilities or supporting this request. In the absence of such evidence, the current request for transportation to and from the facility is not medically necessary.

**Right lumbar transforaminal epidural steroid injection at L4-L5 & L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Page(s): 46.

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy to the right leg, lumbar strain/sprain with moderate L4 neuroforaminal stenosis on both sides, right wrist neuropathy or carpal tunnel syndrome in both wrists, right knee ACL rupture with chondromalacia and meniscal tear, advanced arthritis in both knees, shoulder tendinitis, and abnormal blood tests looking at liver function. These records described a current successful decrease in pain intensity and improved function of approximately 50% with medications as well as with prior epidural injections. There was no discussion suggesting an additional temporary decrease in symptoms was needed to improve the worker's progress in an active treatment program. In the absence of such evidence, the current request for a right lumbar transforaminal epidural steroid injection at L4 and at L5 is not medically necessary.