

Case Number:	CM14-0063700		
Date Assigned:	07/11/2014	Date of Injury:	07/24/2011
Decision Date:	02/25/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 69-year-old male with an injury date of 07/24/11. Based on the 10/02/13 AME report provided by the treating physician, the patient complaints of lumbar pain radiating to the bilateral lower extremities. Physical examination to the lumbar spine, per AME report dated 01/03/13 revealed normal ranges of motion. No other physical examination findings pertaining to the lumbar spine were provided. The patient is eligible for vocational rehabilitation, per AME report dated 01/03/13. EMG of the Lower Extremities, 04/16/13, per AME report dated 01/03/13- no electrodiagnostic evidence of peroneal entrapment lumbar radiculopathy or generalized peripheral neuropathy. Diagnosis 10/02/13- lumbar spine strain- prior right knee surgery- right knee strain- left knee strain. The utilization review determination being challenged is dated 04/08/14. The rationale is "...record review did not reveal findings consistent with radiculopathy..." Treatment reports were provided from 09/03/13 - 01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1 bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's
Page(s): 46,47.

Decision rationale: The patient presents with lumbar pain radiating to the bilateral lower extremities. The request is for lumbar epidural steroid injection at L5 -S1, bilateral. The patient is status-post right total knee arthroplasty on 12/14/13. Physical examination to the lumbar spine, per AME report dated 01/03/13 revealed normal ranges of motion. No other physical examination findings pertaining to the lumbar spine were provided, as most provided reports pertained to the knee. The patient is eligible for vocational rehabilitation, per AME report dated 01/03/13. The MTUS has the following regarding ESI's, under its chronic pain section: Pages 46,47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The physician is requesting lumbar ESI to L5-S1. Though patient presents with leg symptoms, physical examination findings are minimal and do not support radiculopathy. EMG of the lower extremities dated 04/16/13, per AME report dated 01/03/13 revealed "no electrodiagnostic evidence of peroneal entrapment lumbar radiculopathy or generalized peripheral neuropathy." Even though the patient presents with radicular symptoms, the diagnosis of radiculopathy is not confirmed via an EMG or an imaging studies corroborating exam and clinical findings. Given the lack of a clear documentation supporting radiculopathy as required by MTUS, the request is not medically necessary.