

Case Number:	CM15-0003930		
Date Assigned:	01/15/2015	Date of Injury:	07/16/2012
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, Michigan

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 55 year old female who sustained a work related injury July 16, 2012. At that time, she stepped on an uneven curb and twisted her right ankle. She experienced pain and swelling of the right knee and ankle and was prescribed medication and underwent physical therapy for the right knee only, and injection to the knee. Past medical history includes hypertension and MSRA(methicillin-resistant staphylococcus aureus) 2004. Past surgical history includes; (3) bowel surgeries for obstruction and colon surgery(unspecified); total right knee replacement March 2013, and right knee manipulation under anesthesia June 2013; post transforaminal lumbar discectomy and Interbody fusion at L5-S1 May, 2014. According to an orthopaedic re-evaluation performed November 25, 2014, the physical examination reveals 5/5 in all lower extremity motor groups; no dermatomal deficits on sensory examination and straight leg raise is negative. Repeat x-rays of the lumbar spine (5 views) reveal evidence of the interbody fusion at L5-S1; the pedicle screws are in good position. Treatment plan includes continued home exercise and a lumbar epidural steroid injection at L5-S1. A request for authorization is present dated December 11, 2014. According to utilization review dated December 18, 2014, the request for (1) Lumbar Epidural Steroid Injection at the left L5-S1 level is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection at the left L5-S1: Upheld

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

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

Decision rationale: Per the MTUS, ESI's are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. A review of the injured workers recent medical records reveal normal sensory examination, no neurological deficits and no objective clinical findings of radiculopathy. Based on her most recent clinical presentation and the guidelines the request for one lumbar epidural steroid injection at the left L5-S1 is not medically necessary at this time.