

Case Number:	CM15-0100678		
Date Assigned:	06/03/2015	Date of Injury:	03/26/2014
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old man sustained an industrial injury on 3/26/2014. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 1/30/2015 and undated x-rays of the right knee and lumbar spine. Diagnoses include severe lumbosacral strain with instability and severe degenerative disc disease, right knee strain superimposed on degenerative osteoarthritis, and presumptive osteochondroma of the distal femur. Treatment has included oral medications. Physician notes on a PR-2 dated 4/9/2015 show complaints of right knee and low back pain. Recommendations include right knee steroid injection, lumbar epidural steroid injection, and spinal surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in March 2014 and continues to be treated for right knee and low back pain. When seen, there was decreased lumbar spine range of motion and a positive left straight leg raising. There was left lower extremity weakness and atrophy. Imaging results were reviewed with an MRI of the lumbar spine in January 2015 having shown post-operative changes including left lateralized facet arthropathy and foraminal stenosis with nerve root impingement. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive neural tension signs and with decreased lower extremity strength and atrophy and imaging has shown findings consistent with the presence of radiculopathy. Recent conservative treatments have included physical therapy, chiropractic care, and medications. The criteria are met and the requested epidural steroid injection is considered medically necessary.