

Case Number:	CM15-0105332		
Date Assigned:	06/09/2015	Date of Injury:	02/18/2014
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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:

The injured worker is a 58 year old male with an industrial injury of 02/18/2014. The mechanism of injury is documented as hurting his knee as a result of a fall while in physical therapy. He reports he was throwing a ball and twisted his leg. His diagnoses included cervical radiculitis, cervicgia, lumbago, right carpal tunnel syndrome, left hand joint pain, status post-surgery, right knee; enthesopathy of knee and anxiety. Prior treatment included medication, activity modification, physical therapy, surgery and a cane. Diagnostic studies to date included x-rays and MRI. Prior surgery included right knee arthroscopy wit medial menisectomy on 01/15/2015. He presents on 04/15/2015 with complaints of cervical spine pain, lumbar spine pain, pain in right and left hand and right knee. Cervical spine range of motion was decreased and cervical compression caused pain. Foraminal compression caused pain on the right. Lumbar spine range of motion was decreased. The provider documents the cervical spine and lumbar spine pain is the same since last visit. Medications included Norco, Naproxen, Protonix, Motrin, Cyclobenzaprine and medicated cream. MRI of lumbar spine dated 02/07/2015 showed a 1-2 mm disc bulge of lumbar 1-5 and a 2-3 mm disc bulge from lumbar 5-S1. MRI of cervical spine dated 02/04/2015 showed a 1-2 mm disc bulge from cervical 4-5 and cervical 6-7. The report is in the submitted records. He was to remain off work until 05/30/2015. This request is for three (3) lumbar steroid injections lumbar 5-sacral 1 with trigger point injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) lumbar steroid injections, L5-S1, with trigger point injection under fluoroscopic guidance: Upheld

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

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 injury in February 2014 and continues to be treated for neck pain, low back pain, bilateral hand pain, and right knee pain. When seen, there was decreased cervical and lumbar spine range of motion. There was abnormal right lower extremity sensation with positive straight leg raising bilaterally. An MRI of the lumbar spine in February 2015 had shown findings including L4/5 neural compromise. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies or electro diagnostic testing. In this case, there is decreased lower extremity sensation with positive straight leg raising and imaging corroborates findings of radiculopathy. However, a 'series-of-3' injections in either the diagnostic or therapeutic phase is not recommended. Additionally, performing an epidural injection on the same day of treatment as facet blocks, sacroiliac blocks, lumbar sympathetic blocks, or trigger point injections is not recommended as this may lead to improper diagnosis or unnecessary treatment. The request is not appropriate or medically necessary.