

Case Number:	CM15-0106448		
Date Assigned:	06/10/2015	Date of Injury:	09/25/2009
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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 38 year old male who sustained an industrial injury on 09/25/2009. Treatment provided to date has included: arthroscopic debridement and ACL repair knee surgery (01/15/2015), physical therapy, injections, medications, psychiatric therapy, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (01/2012) showing a large extruded disc at L5-S1 towards the left; electrodiagnostic and nerve testing of the bilateral lower extremities (02/13/2013) showing left S1 and L5 chronic radiculopathies; and MRI of the right knee (01/20/2012) showing mild chondromalacia of the patella and possible small tear of the posterior horn lateral meniscus. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/06/2015, physician progress report noted complaints of low back pain and knee pain. Pain is rated as 8 (0-10) without Norco and 5/10 with Norco, and described as worsening, constant, sharp, and radiates to upper extremities and associated with headaches. Current treatment includes physical therapy for the knee and medications (Norco and Tizanidine). The Norco was noted to be helpful in relieving pain and the Tizanidine was reported to be helpful with muscle spasms in the low back. It was also noted that the injured worker had undergone a lumbar epidural steroid injection in the past which was reported to relieve low back pain for several months. The physical exam revealed normal gait, tenderness at the lumbosacral junction, pain with lumbar flexion and extension (with some relief with lumbar distraction), and positive straight leg raise on the left with the foot in the dorsiflexion position resulting in radiating symptoms down the left posterior thigh and posterolateral calf (S1 distribution). The provider noted diagnoses of large extruded disc at L5-S1 towards the left, left S1 radiculopathy, patellofemoral syndrome of the right knee, and status

post right knee surgery. Due to persistent pain in the lumbar spine, the injured worker request and agrees to the plan for a repeat injection. Plan of care includes a repeat left-sided transforaminal epidural steroid injection at S1, and follow-up. The injured worker's work status was noted as unemployed and sedentary work only. Requested treatments include a repeat left-sided transforaminal epidural steroid injection at S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left side transforaminal S1 epidural injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 September 2009 and continues to be treated for pain. When seen, he was having low back pain radiating into the left lower extremity. Straight leg raising was positive. A previous epidural injection in June 2013 had provided more than 50% relief of the radiating symptoms lasting for more than two months. Prior testing had included an MRI of the lumbar spine in January 2012 and EMG/NCS testing in February 2013 showing findings of left-sided radiculopathy. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and both appropriate and medically necessary.