

Case Number:	CM15-0136138		
Date Assigned:	07/24/2015	Date of Injury:	03/07/2014
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

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 41 year old male, who sustained an industrial injury on March 7, 2014. He reported right knee pain. The injured worker was diagnosed as having probable lumbar discopathy with right L4 radiculopathy, possible right more so than left knee sprain and history of probable pre-patellar bursitis right. Treatment to date has included diagnostic studies, medication, chiropractic treatment, acupuncture and physical therapy. Physical therapy was noted to provide no relief. On June 10, 2015, the injured worker complained of pain behind his right knee described as constant. He also reported pain about the medial thigh that involves the region of the right testicle. He also reported low back pain and left knee pain. The treatment plan included a lumbar epidural spinal injection. On July 7, 2015, Utilization Review non-certified the request for lumbar epidural steroid injection, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI): Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, ESI is not supported by the guidelines. There is no evidence that the injured worker has failed with conservative treatments and there are no imaging studies or electrodiagnostic tests to support the diagnosis of radiculopathy. Additionally, the level of injection is not included with this request. The request for lumbar epidural steroid injection (LESI) is not medically necessary.