

Case Number:	CM15-0141533		
Date Assigned:	07/31/2015	Date of Injury:	10/28/2010
Decision Date:	09/24/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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 female, who sustained an industrial injury on October 28, 2010. She reported pain to her left shoulder, left breast, left leg and low back. The injured worker was diagnosed with multiple bruises of the lower extremities and contusion to the shoulder, low back and chest. Treatment to date has included modified work, NSAIDS, physical therapy, opioid medications, home exercise program, diagnostic imaging, cortisone injection to the left knee, viscosupplementation injections to the left knee, lumbar epidural steroid injection, and left knee arthroscopy. Currently, the injured worker complains of continued low back pain and left knee pain. She reports difficulty with walking due to her knee pain. She reports that her Norco has not been relieving her pain. On physical examination the injured worker has restricted range of motion of the lumbar spine and range of motion elicits pain. The diagnoses associated with the request include bilateral L5 radiculopathy and polyneuropathy, cervical spine disc herniation with neuroforaminal stenosis, left knee chondromalacia of the patella, spondylolisthesis of L4-L5, thoracic spine and lumbar spine strain, lumbar spine disc herniations with radicular complaints and injury to left breast implant. The treatment plan includes lumbar epidural steroid injection, continued Norco, custom knee brace and laboratory evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection: Upheld

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

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 October 2010 and is being treated for low back pain and left knee pain. An MRI of the lumbar spine in August 2013 included findings of spondylolisthesis at L4/5 with disc protrusions at L2/3 and L3/4. Electrodiagnostic testing in November 2011 showed findings of chronic bilateral L5 radiculopathy. A lumbar epidural steroid injection had been approved in June 2014 but the claimant never underwent the procedure. When requested, she was having low back pain and bilateral knee pain. Physical examination findings were that of restricted and painful lumbar range of motion and a limp. 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, when requested, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. There were no reported radicular complaints. The requested epidural steroid injection was not medically necessary.