

Case Number:	CM15-0145032		
Date Assigned:	08/07/2015	Date of Injury:	05/31/2014
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 48 year old female patient, who sustained an industrial injury on 5-31-2014. She reported a slip and fall and re-injury with immediate pain in the right knee and developing worsening pain in the neck and low back. Diagnoses include meniscal tear, status post arthroscopy, lumbar disc protrusion, lumbar radiculopathy, and right wrist ganglion cyst. Per the doctor's note dated 7/10/15, she had complaints of low back pain with radiation to the left buttocks and thigh; right wrist pain and right knee pain. The physical examination revealed lumbar spine- paraspinal tenderness, decreased range of motion and positive Kemp's test bilaterally; right wrist- tenderness, 4/5 grip strength and slight decreased range of motion; right knee- 4/5 strength, scar and improved range of motion. Per the note dated 6/8/15, physical examination revealed positive straight leg raising at 60 degrees on the left side. The medications list includes Norco and topical analgesic cream. She has had lumbar spine MRI dated 10/9/2014 which revealed 4 mm broad posterior and right disc protrusion at L4-5 with mild facet arthropathy and mild right neural foraminal narrowing; right wrist MRI dated 10/9/2014; right knee MRI dated 8/6/2014. She has undergone right knee arthroscopy and debridement of meniscal tear. Treatments to date include medication and physical therapy. The plan of care included a request for authorization of an epidural steroid injection at level L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 epidural steroid injection: 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 (ESIs), page 46.

Decision rationale: L4-L5 epidural steroid injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to conservative therapy including physical therapy visits and pharmacotherapy (including NSAID, muscle relaxant, anticonvulsants or antidepressants for chronic pain), is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of L4-L5 epidural steroid injection is not fully established for this patient.