

Case Number:	CM15-0162623		
Date Assigned:	08/28/2015	Date of Injury:	09/26/2012
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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: Connecticut, California, Virginia
 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 50 year old female who sustained an industrial injury on 9-26-12 from a trip and fall where she twisted her left ankle and landed on her right knee (per utilization review). She currently complains of increased right knee pain with swelling and she fell on stairs due to her knee giving way with burning and stiffness; low back pain with radiation into her right leg. Her pain level was 8 out of 10. On exam of the lumbar spine there was decreased range of motion, tenderness to palpation, sciatic notch tenderness, spasms and positive straight leg raise on the right; the right knee exam revealed limited range of motion with edema and crepitus, tenderness of the medial joint lines; there was diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Medications were omeprazole, Menthoderm, tramadol, docuprene. Diagnoses include status post right knee surgery (3-26-13); internal derangement of the knee; lumbago. Treatments to date include three Synvisc injections (6-2013); medications. In the progress note dated 5-28-15 the treating provider's plan of care included a request for lumbar epidural steroid injection based on failure to improve with conservative treatment per 5-28-15 note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that 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. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, without an MRI/EMG/NCV report to support the request with respect to imaging corroboration with symptoms, the request for epidural steroid injection was denied by UR. There is a clinical note, however, that states that there is foraminal narrowing at the L5-S1 level on MRI imaging. It is the opinion of this reviewer that this report provides enough evidence to indicate that a trial of ESI at this level is appropriate. Therefore the request is medically necessary.