

Case Number:	CM15-0180289		
Date Assigned:	10/07/2015	Date of Injury:	06/10/2010
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina, Georgia

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 6-10-10. The injured worker was diagnosed as having left foot cuboid arthritis; left foot tenosynovitis; left knee. Treatment to date has included physical therapy; cognitive behavioral therapy; medications. Diagnostics studies included MRI lumbar spine (7-6-15). Currently, the PR-2 notes dated 7-16-15 are hand written. These notes indicate the injured worker is a 2 year status post (9-10-12) left foot open peroneal brevis tendon repair, tenovectomy. The notes document the left knee has decreased pain and swelling. The provider reviews a MRI of the left knee noting "complex oblique tear of the medial posterior horn and bony. Axial tear of the lateral meniscus body. Mild to moderate sprain of medial collateral ligament. Small Baker's cyst. Mild distal patellar tendinosis. Third degree complete degenerative changes." The provider notes L3-4 and L4-5 lumbar radiculopathy. A recent MRI of the lumbar spine was done on 7-6-15 with impression documented as: "1) Signal changes in the L1 vertebral body noted. Marrow fibrosis is possible. The possibility of narrow infiltration is raised, especially if the patient has a history of a malignancy. In this case, a nuclear medicine bone scan is recommended. 2) There is a left far lateral extraforaminal L3-4 disc extrusion. This appears acute. This may explain left L3 radiculopathy. There is a 25% central canal stenosis at L4-5 from osteophyte formation and bulging." This PR-2 does not discuss the MRI or its findings. The treatment plan does request "surgery-request scope". A PR-2 notes dated 7-1-15 is hand written and difficult to decipher. The notes appear to indicate the injured worker is a 2 year status post (9-10-12) left foot open peroneal brevis tendon repair, tenovectomy. The injured worker had a MRI. The provider

documents subjective complaints as "left foot". Objective findings as documented as "Tears medial and lateral; meniscal tears." The treatment plan circled "surgery" with explanation "Scope left knee". The medical documentation submitted for this review does not document complaints of neck or cervical spine or current or past treatment for the cervical spine. A Request for Authorization is dated 9-10-15. A Utilization Review letter is dated 9-2-15 and non-certification for Transforaminal epidural steroid injection left C5-6. A request for authorization has been received for Transforaminal epidural steroid injection left C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection left C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is no documentation of 50% or greater reduction in pain after the prior injections. Epidural steroid injection is not medically necessary.