

Case Number:	CM15-0185418		
Date Assigned:	09/25/2015	Date of Injury:	01/08/2002
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old female, who sustained an industrial injury on 1-8-2002. The injured worker was being treated for failed back surgery syndrome, lumbar radiculopathy, failed left knee surgery, and left knee degenerative joint disease. On 8-7-2015, the injured worker presented for evaluation of failed back surgery syndrome and failed knee surgery. She reported constant lower back pain with radiating pain down the left leg. Her pain is rated 6 out of 10. Her pain is aggravated by everything, even lying down. The physical exam (8-7-2015) revealed an antalgic gait with use of a cane, inability to heel and toe walk, no lumbosacral tenderness to palpation, decreased range of motion in all directions, and a positive left straight leg raise at 30 degrees. The knee exam revealed the injured worker was wearing a left knee brace, unrestricted left knee range of motion without crepitus in the patellofemoral joint, normal tracking of the patella, and no medial aspect tenderness. There was intact cruciate function and satisfactory gross stability. Per 6-5-2015 report, the treating physician refers to new MRIs of the lumbar spine and left knee, but the dates and results were not included in the provided medical records. Treatment has included knee injections and medications including opioid pain (Norco, Duragesic patches), topical pain (Lidoderm patches), muscle relaxant (Robaxin), and hypnotic (Ambien). Per the treating physician (8-7-2015 report), the injured worker's work status is off work. The requested treatments included an orthopedic consultation, evaluation and treatment, and a caudal epidural steroid injection (ESI), of the lumbar spine. On 8-20-2015, the original utilization review non-certified requests for an orthopedic consultation, evaluation and treatment, and a caudal epidural steroid injection (ESI), of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation, evaluation and treatment, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This 52 year old female has complained of low back pain and knee pain since date of injury 1/8/2002. She has been treated with surgery, epidural steroid injections, steroid injections, physical therapy and medications. The current request is for orthopedic consultation, evaluation and treatment as outpatient. The available medical records do not provide adequate documentation of objective findings to support consultation, evaluation and treatment with an orthopedic surgeon. On the basis of the available medical records and per the MTUS guidelines cited above, orthopedic consultation is not indicated as medically necessary.

Caudal epidural steroid injection (ESI), Lumbar spine, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: This 52 year old female has complained of low back pain and knee pain since date of injury 1/8/2002. She has been treated with surgery, epidural steroid injections, steroid injections, physical therapy and medications. The current request is for caudal epidural steroid injection (ESI), lumbar spine, as outpatient. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes; a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met.

Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines, a caudal epidural steroid injection (ESI), lumbar spine, as outpatient is not indicated as medically necessary.