

Case Number:	CM15-0194753		
Date Assigned:	10/08/2015	Date of Injury:	06/10/2014
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: California, North Carolina
 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 was a 56 year old male, who sustained an industrial injury, June 10, 2014. The injured worker was undergoing treatment for bilateral knee degenerative joint disease, left greater than the right, T12-L1 moderate spinal canal stenosis secondary to disc protrusion and or extension and bilateral knee pain, rule out internal derangement. According to progress note of September 1, 2015, the injured worker's chief complaint was low back pain with radiation of pain down both legs to the feet. There was associated numbness and tingling which was greater on the left side. The injured worker was complaining of bilateral knee pain with locking of the left knee. The injured worker previously received the following treatments Gabapentin, Ultracet, Omeprazole, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities which was abnormal, lumbar spine x-rays showed multiple anterior and posterior osteophytes, LidoPro cream, Tylenol, 8 chiropractic sessions, 8 physical therapy visits and epidural injection at T12-L1 did not help with the pain on June 17, 2015. The RFA (request for authorization) dated September 1, 2015, the following treatments were requested an epidural steroid injection at T12-L1. The UR (utilization review board) denied certification on September 22, 2015; for an injection (transforaminal epidural steroid injection at L4-L5).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Bilateral L4-5: Upheld

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

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

Decision rationale: Evidenced-based guidelines recommend consideration for repeat ESI based upon objective documentation of pain relief and functional improvement, including at least 50% pain relief and associated reduction of medication use for 6-8 weeks. A maximum of 4 ESI treatments are recommended/year. This patient underwent a T12-L1 ESI on 6/17/2015 without benefit. Although the proposed attempt is at a lower level, there was no indication any previous benefit from the prior injection and it is unlikely the requested injection will be beneficial. Therefore the request is not medically necessary or appropriate.