

Case Number:	CM15-0207764		
Date Assigned:	10/26/2015	Date of Injury:	03/13/1992
Decision Date:	12/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 3-13-92. The injured worker was diagnosed as having lumbar disc displacement; joint pain-left leg; iron deficiency anemia NOS; hernia NOS; internal derangement knee NOS; joint replaced -bilateral knees. Treatment to date has included physical therapy; lumbar epidural steroid injection (8-26-15); medications. Currently, the PR-2 notes dated 9-9-15 indicated the injured worker complains of bilateral knee pain with right greater than left. She reports her symptoms as constant, aching, pressure-like and sharp. The provider documents "Patient says at it worst her pain is 10 out of 10, without medication. Right now she describes her pain as 7 out of 10 on a pain scale of 0-10." It's made worse by bending, increased activity, lifting, standing a long time and gets better with taking pain medications and resting. Her pain wakes her up at night and she is using a walker device. She also complains of low back pain that has improved since the last procedure. She describes the symptoms as constant, sharp, shooting and stabbing and occasionally radiates to the right leg. The provider notes "at its worst the pain is 10 out of 10 without pain medications. On average it is 5 out of 10 and now she describes it as 6 out of 10". It is made worse by increased activity, standing a long time, walking and using the extremity. It gets better with massage, taking pain medicines and resting. She indicates her current pain regimen is providing reasonably good relief. She recently has a lumbar transforaminal steroid epidural injection at L4-5 (8-26-15). The provider notes "She reports the procedure has helped. The spasticity has reduced by 50% and did not experience any side effects. She can do the following better: waling and self care activities. However, patient states she still has some pain radiate down her right leg." She

has a clinical history of asthma, a smoker and had smoking effects education. She has a surgical history for: gastric bypass, total knee replacement- bilaterally; hernia repair and bowel resection. There is no documentation of physical therapy or home exercise after the epidural injection. The provider is requesting another lumbar epidural steroid injection at this time for "additional relief". He also requested a refill of her prescribed medications: morphine ER 30mg 1 every 8 hours and oxycodone-acetaminophen 10-325mg 1-2 every 6 hours PRN. These are the same medications and schedule prior to her injection. A Request for Authorization is dated 10-22-15. A Utilization Review letter is dated 9-22-15 and non-certification for Lumbar transforaminal steroid injection at the right L4-5. A request for authorization has been received for Lumbar transforaminal steroid injection at the right L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal steroid injection at the right 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left transforaminal epidural steroid injection at the right L4 - L5 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are internal derangement of knee; displacement lumbar intervertebral disc without myelopathy; and history bilateral knee replacement. Date of injury is March 13, 1992. Request for authorization is September 16, 2015. According to a September 9, 2015 progress note, subjective complaints include knee and back pain that have improved. A transforaminal ESI was administered August 26, 2015. The documentation states there was a decrease of 50% of the spasticity. There is no documentation as to the time frame of pain relief. Objectively, there was positive straight leg raising on the right with no neurologic objective evidence of radiculopathy. Motor exam was 5/5 and sensory examination was normal. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy on physical examination and no objective functional improvement from the prior transforaminal ESI (duration of 50% pain relief), left transforaminal epidural steroid injection at the right L4 - L5 are not medically necessary.