

Case Number:	CM15-0220016		
Date Assigned:	11/13/2015	Date of Injury:	05/31/2014
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, Illinois

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 49 year old female, who sustained an industrial injury on 05-31-2014. She has reported injury to the right knee and low back. The diagnoses have included status post right knee arthroscopy, debridement of meniscal tear; recurrent right knee meniscal tear; oblique tear of the posterior horn and body of the medial meniscus; and persistent right leg radiculopathy in the L5 distribution with MRI finding and right-sided L4-L5 bulging disc that measures 4-mm with subarticular and neural foraminal narrowing. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, home exercise program, physical therapy, and surgical intervention. Medications have included Norco, Kera-Tek Gel, Ambien, and topical compounded cream. A progress report from the treating physician, dated 10-12-2015, documented an evaluation with the injured worker. The injured worker reported low back pain and right leg radicular pain; the lumbar spine pain is rated at 8-9 out of 10 in intensity; she has had 12 sessions of physical therapy that have only aggravated and caused her symptoms to get worse; she has also tried manual traction with only worsening of her symptoms; she has done home exercise program and continues to walk, but the pain has persisted; she has been taking anti-inflammatory medication since her injury and the pain has not subsided; the pain radiates along the lateral right thigh and leg; she has occasional numbness and tingling in the right leg; pain is worse with prolonged standing and walking; and the pain has not resolved with conservative care. Objective findings included positive straight leg raise on the right; she has 4 out of 5 strength noted in the right extensor hallucis longus; and sensation was slightly decreased in the dorsum of the right ankle and foot. The provider noted that the MRI is again

reviewed and "revealed right sided 4 mm bulging disc at L4-L5 causing subarticular and foraminal narrowing on the right side and left side being patent". The treatment plan has included the request for L4- L5 epidural steroid injection. The original utilization review, dated 11-02-2015, non-certified the request for L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 epidural steroid injection: 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: The injured worker sustained a work related injury on 05-31-2014. The medical records provided indicate the diagnosis of status post right knee arthroscopy, debridement of meniscal tear; recurrent right knee meniscal tear; oblique tear of the posterior horn and body of the medial meniscus; and persistent right leg radiculopathy in the L5 distribution with MRI finding and right-sided L4-L5 bulging disc that measures 4-mm with subarticular and neural foraminal narrowing. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, home exercise program, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for L4-L5 epidural steroid injection. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. The medical records indicate there is lack of agreement regarding the findings in the Lumbar MRI; there is no electrodiagnostic evidence of lumbar radiculopathy; although the injured worker is reported to have had several physical therapy visits, it is uncertain the injured worker has had physical therapy that is targeted to the Lumbar. The requested treatment is not medically necessary based on the available information.