

Case Number:	CM15-0038653		
Date Assigned:	03/09/2015	Date of Injury:	03/20/2001
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 71 year old male, who sustained an industrial injury on 3/20/01. He has reported back and left knee injury after losing his footing and twisting it. The diagnoses have included internal derangement of left knee; Degenerative Joint Disease (DJD) left knee, and lumbar degenerative disc disease (DDD). Treatment to date has included diagnostics, injections, surgery and medications. Currently, as per the physician progress note dated 1/26/15, the injured worker complains of flare-ups of lower back pain with trying to increase his activity. He walks with a cane due to bilateral knee and lumbar pain. Physical exam of the lumbar spine revealed spasm, tenderness to palpation, and decreased range of motion due to pain. The left knee exam revealed tenderness, pain with McMurray's maneuver, moderate patellofemoral irritability with satisfactory patella excursion and tracking. The range of motion was 40-95 degrees with crepitation. There was decreased sensation in the lower extremities and weakness. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/10/14 revealed disc herniation, facet hypertrophy, posterior annular tear/fissure, and bilateral foraminal narrowing. The current medications were not noted. On 2/20/15 Utilization Review non-certified a request for Third lumbar epidural injection, noting the (MTUS) Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). MTUS guidelines, recommended repeat epidural injection is considered only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. There is no documentation of the duration and percentage of improvement from the previous epidural steroid injections. Therefore, the request for Third lumbar epidural injection is not medically necessary.