

Case Number:	CM15-0040759		
Date Assigned:	03/10/2015	Date of Injury:	10/03/2013
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male, who sustained an industrial injury on 10/3/13. He reported back, neck, left knee and right shoulder. The injured worker was diagnosed as having knee pain, pain in lower leg joint, lumbar radiculopathy and low back pain. Treatment to date has included acupuncture treatment, home exercise program, physical therapy, TENS unit, knee injections, knee brace and oral medications including narcotics. (MRI) magnetic resonance imaging of left knee was performed. Currently, the injured worker complains of left knee pain, which is constant and worse at night, and lower back pain, which is worse with sitting. Acupuncture treatment has provided minimal to no pain relief, knee injections performed provided 3 days of pain relief and pain medication controls pain. Subpatellar numbness is noted on leg extension. The current treatment plan is for a lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with low back pain and constant left knee pain that worsens at night. The request is for LUMBAR EPIDURAL STEROID INJECTION. Patient's diagnoses per RFA dated 02/09/15 included Lumbar radiculopathy, knee pain, low back pain and pain in joint, lower leg. Per treater report 02/09/15, physical examination to the lumbar spine revealed tenderness to palpation with decreased range of motion, especially on extension, 45 degrees. Patient has an antalgic, slowed gait. The MRI performed on 01/15/15 revealed central and right paracentral L2-3 disc extrusion with 25% spinal canal stenosis. There is a broad-based, left-sided L4-5 disc extrusion displacing the left L4 dorsal root ganglion, left L5 nerve root with 25% spinal canal stenosis. Per 02/09/15 report, treater states that "the patient was unresponsive to conservative care including exercises, physical methods, NSAID's and muscle relaxants." The patient is not working. MTUS Chronic Pain Treatment Guidelines, section on 'Epidural steroid injections (ESIs)', page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing." 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. Per progress report dated 02/09/15, treater states, "I request a lumbar ESI with the purpose of reducing pain and inflammation, restoring ROM. " In this case, the patient's MRI shows extruded discs at L2-3 to right and to left at L4-5. However, no significant radicular symptoms are described. Patient has low back and left knee pain without a clear radiating, radicular symptoms. No exam findings are provided either, such as motor/sensory changes or positive SLR consistent with radiculopathy. Given the lack of clear documentation of radiculopathy, trial of ESI would not be indicated. The request IS NOT medically necessary.