

Case Number:	CM15-0053645		
Date Assigned:	03/27/2015	Date of Injury:	02/17/2011
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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, New York
 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 is a 54 year old female who sustained an industrial injury on 2/17/11. The injured worker reported symptoms in the left knee and lumbar spine. The injured worker was diagnosed as having lumbar herniated intervertebral disc, left internal derangement of knee, contusion of knee and lower leg, sprains and strains of knee and leg. Treatments to date have included status post right knee replacement, activity modification, H-wave unit, nonsteroidal anti-inflammatory drugs, physical therapy, anti-inflammatory medications, and cortisone injections. Currently, the injured worker complains of pain in the left knee and lumbar spine. The plan of care was for epidural steroid injections and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for an epidural steroid injection is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, exam findings and MRI findings do not support a specific radiculopathy. The patient had two epidurals in 2014 but did not achieve 50% pain reduction for 6-8 weeks or have documented functional improvement. Therefore, the request is not medically necessary.