

Case Number:	CM15-0053774		
Date Assigned:	03/27/2015	Date of Injury:	03/13/2013
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 was a 59 year old male, who sustained an industrial injury, March 13, 2013. The injured worker previously received the following treatments physical therapy, right knee x-rays and MRI, cane, arthroscopic right knee surgery, laboratory studies, analgesic pain medication, urine toxicology, Flexeril and Norco. The injured worker was diagnosed with lumbosacral spondylosis without myelopathy. According to progress note of December 29, 2014, the injured workers chief complaint was knee and back pain. The injured worker was walking with a cane due to the back pain. The injured worker rated the pain at 5-9 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted the injured worker walked with a limp. The back was limiting the postoperative recovery of the knee. The treatment plan included transforaminal epidural steroid injection at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Epidural Steroid Injection at the L5-S1 Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid Injections. Decision based on Non-MTUS Citation Back Section.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain and right knee pain. There was no description of symptoms or documented examination findings consistent with an active radiculopathy at the time of the request. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for transforaminal epidural steroid injections at the unspecified side of the L5 level is not medically necessary.