

Case Number:	CM15-0055210		
Date Assigned:	03/30/2015	Date of Injury:	01/07/2003
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 70-year-old female, who sustained an industrial injury on 1/07/2003. Diagnoses include internal derangement right knee pending total knee replacement, cervical degenerative disc disease and radiculopathy, lumbar degenerative disc disease with radiculopathy, spondylosis and facet hypertrophy, myospasm with myofascial trigger points, and internal derangement left knee status post total knee replacement. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical intervention, medications, cane for ambulation, injections and acupuncture. Per the Orthopedic Progress Report dated 1/23/2015, the injured worker reported intractable knee pain and lumbar pain. She reported pain in her cervical spine, lower back and bilateral knees. Her right knee pain is rated as 8/10. She has lumbar pain with radiation to the left lower extremity with burning and numbness. Physical examination revealed restricted range of motion of the cervical spine due to pain. There is pain with palpation to the right cervical paraspinals as well as over the right facets. There was myospasm of the right cervical paraspinal, trapezius, rhomboid and levator scapulae muscles and myofascial trigger points with twitch response and referral of pain. She ambulates with a wide based gait and a single point cane. There was lumbar paraspinal muscle spasm with myofascial trigger points and twitch response with referral of pain. There was restricted range of motion of the lumbar spine. Straight leg raise was positive on the left. Inspection of the left knee revealed pain with straightening her leg and restricted range of motion. The plan of care included injections and authorization was requested for left L2 and L3 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2 and left L3 lumbar transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case there is documentation of decreased sensation in left L2/L3 distributions. MRI does not show nerve root impingement at these levels. Criteria for epidural steroid injection have not been met. The request is not medically necessary.