

Case Number:	CM15-0059631		
Date Assigned:	04/06/2015	Date of Injury:	09/04/2008
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old male who sustained an industrial injury on 9/4/2008. His diagnoses, and/or impressions, include: history of right total knee arthroscopy and right knee arthroplasty (pre and post-industrial injury); back pain with spasm and lumbar spondylosis, without myelopathy and with right radiculopathy; sciatica; and right knee internal derangement. His treatments have included a pre-work injury right knee magnetic resonance imaging study and right knee surgery that resulted in a septic knee; post-industrial injury psychological evaluation; Supartz injection therapy (2/2012); total right knee arthroplasty (9/26/13) followed by a stitch abscess infection; medication management; and permanent work restrictions. The history notes an extensive medical and surgical history with respect to his right and left knee, prior to his work injury, however his symptoms were significantly exacerbated immediately after this injury. Also noted is that in 7/2014 his knee gave out and he fell, tearing his lumbar 4-5 disc causing severe, constant and chronic radiating pain. He was classified as permanent and stationary and last worked on 1/6/2015. Recent history notes that his complaints include low back pain. The physician's requests for treatments, on 11/4/2014, included lumbar epidural steroid injection therapy, fluoroscopically guided. Current medical records note this injection was done on 1/9/2015.

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 ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Lumbar epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of objective imaging or electrodiagnostic testing for review. Additionally, the request does not specify a level or laterality for the proposed injection. Therefore the request for epidural steroid injection is not medically necessary.