

Case Number:	CM15-0082909		
Date Assigned:	05/05/2015	Date of Injury:	05/03/2012
Decision Date:	06/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 50 year old female with an industrial injury dated 5/03/2012. The injured worker's diagnoses include lumbar radiculopathy, lumbar degenerative disc disease and spinal stenosis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 2/10/2015, the injured worker reported aching and burning in bilateral feet and numbness. The injured worker also reported bilateral leg pain, lower back pain radiating into the bilateral buttock and into bilateral posterior lateral thighs and calves with hip pain and associated muscle spasms. Objective findings revealed decreased bilateral bending, tenderness in the lower lumbar paraspinal muscles, and positive straight leg raises. The treating physician prescribed services for lumbar epidural steroid injection (ESI) at left L5-S1 and Supartz viscoelastic injections now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) at left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS 2009 recommends epidural steroid injection as an option to treat radicular symptoms with correlative imaging and clinical findings. Epidural steroid injections may offer short-term relief. The clinical findings do not support the presence of lumbar nerve root compression and therefore an epidural steroid injection is not medically necessary in this case.

Supartz Visco Elastic times 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic Acid Injections.

Decision rationale: ODG states that hyaluronic acid injections are specifically not to be used to treat chondromalacia patella. This patient is diagnosed with chondromalacia patella and her clinical findings are consistent with the diagnosis. Therefore, this request for hyalronic acid injection is not medically necessary.