

Case Number:	CM15-0084800		
Date Assigned:	05/07/2015	Date of Injury:	12/27/2011
Decision Date:	06/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male with a December 27, 2011 date of injury. A progress note dated April 7, 2015 documents subjective findings (neck pain, radicular symptoms from the neck mainly on the right side; right knee pain that is increasing), objective findings (tenderness to palpation with diffuse spasms in the cervical spine and trapezius bilaterally; positive Spurling's test bilaterally; tenderness to palpation of the right knee; negative effusion of the right knee; antalgic gait secondary to right knee pain), and current diagnoses (cervical thoracic strain/arthrosis with possible neural encroachment; lumbosacral strain/arthrosis with possible neural encroachment; right knee strain/arthrosis; left knee status post arthroscopic partial medial and lateral meniscectomies with chondroplasty of the medial compartment). Treatments to date have included left knee surgery, modified work duties, medications, home exercise, and Synvisc injection of the left knee. The treating physician documented a plan of care that included referral to a pain management for the lumbar spine, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management Specialist, Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in December 2011 and is being treated for radiating neck and low back pain. When seen, he was having bilateral lower extremity radicular symptoms. Straight leg raising was positive on the left. An MRI of the lumbar spine included findings of severe central stenosis at L4/5 and left lateralized foraminal stenosis at L5/S1. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms and findings of lumbar spinal stenosis. An epidural steroid injection would be a potential option in his treatments. The level and technique used would be dependent on further evaluation prior to an injection. Therefore, the requested referral is medically necessary.

Lumbar ESI (epidural steroid injection): Overturned

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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in December 2011 and is being treated for radiating neck and low back pain. When seen, he was having bilateral lower extremity radicular symptoms. Straight leg raising was positive on the left. An MRI of the lumbar spine included findings of severe central stenosis at L4/5 and left lateralized foraminal stenosis at L5/S1. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive neural tension signs and imaging has shown findings consistent with the presence of left sided radiculopathy. The claimant has ongoing radicular symptoms. Prior conservative treatments have included physical therapy and medications. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.