

Case Number:	CM14-0102990		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2012
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old male with date of injury of 02/15/2012. The listed diagnoses dated 06/05/2014 are: 1. Lumbar spine disease, multiple level disks, and facet disease as well as spinal stenosis. 2. Lower back pain with bilateral lumbosacral radicular pain. 3. Sympathetically mediated pain syndrome in the right knee. According to this report, the patient continues to complain of lower back pain and bilateral lower extremity pain as well as pain around the area of the right knee where he had a total knee replacement. The 05/15/2014 physical examination shows tenderness to palpation over the lower lumbosacral spine into adjacent paraspinous regions bilaterally. Straight leg raise test is positive bilaterally for radicular pain. Neurological exam reveals decreased sensation over the right L5 distribution as compared to the left. There is hypersensitivity and allodynia to light touch at the lateral aspect of the right knee. Motor examination reveals weakness of the right foot dorsiflexion and right knee extension. There is generalized swelling and warmth to the touch of the right knee but color is equivalent. Sensory examination around the right knee reveals hypersensitivity and allodynia to light touch. The utilization review denied the request on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection under Fluoroscopic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic.

Decision rationale: This patient presents with lower back pain and bilateral lower extremity pain. The treater is requesting a lumbar epidural steroid injection under fluoroscopic guidance. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The 05/19/2014 MRI shows moderate to severe central canal stenosis at L4-L5. A 2- to 3-mm left paracentral/medial foraminal disk protrusion at L5-S1 with no evidence for impingement on the exiting left L5 nerve root. There is no documentation that the patient has tried an epidural steroid injection (ESI) before. The patient presents with significant leg symptoms with MRI showing stenosis and protrusion. A trial of ESI appears reasonable.