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| Case Number: | CM14-0129718 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/24/2010 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 Pain Management 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 51 year old with an injury date on 1/24/10. Patient complains of continuing lower lumbar pain rated 9/10 without medications and 5/10 with medications, which developed from antalgic gait while recovering from knee replacement surgery per 4/4/14 report. Patient has increased activity level by walking 3 miles/day and 18 pound weight loss in last 2 months due to diet change per 4/4/14 report. Patient continues to require 2 Norco/day per 4/4/14 report. Based on the 4/4/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar radiculopathy 2. lumbar facet syndrome Exam on 4/4/14 showed "L-spine range of motion slightly restricted especially flexion at 40 degrees. Straight leg raise positive on right side. Patellar jerk is on both sides. Light touch is decreased over L4 and L5 lower extremity dermatomes on right side. Sensation to pin prick decreased over L4 dermatome on right side." [REDACTED] is requesting transforaminal lumbar epidural injection at right L4-L5. The utilization review determination being challenged is dated 7/8/14 and modifies request to L5 only. [REDACTED] is the requesting provider, and he provided treatment reports from 2/7/14 to 4/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection at right t L4-L5: 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 Epidural Steroid Injections(ESIs) Page(s): 46.

Decision rationale: This patient presents with lower back pain and is s/p right knee total replacement from 8/24/10. The provider has asked for transforaminal lumbar epidural injection at right L4-L5 on 4/4/14. An MRI of L-spine on 8/28/13 was negative. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, patient complains of radicular symptoms, with exam findings showing nerve dysfunction along the L4-L5 dermatome but MRI of L-spine is normal. MTUS requires an imaging study findings that explains radicular symptoms to consider an ESI trial. The requested epidural steroid injection does not appear to be medically necessary. Recommendation is for denial.