

Case Number:	CM14-0164185		
Date Assigned:	10/08/2014	Date of Injury:	04/05/2009
Decision Date:	11/13/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of April 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier total knee arthroplasty; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for a lumbar epidural steroid injection. The claims administrator stated, in its denial, that the attending provider failed to establish what levels or levels were being targeted. The applicant's attorney subsequently appealed. In a September 9, 2014 progress note, the applicant reported persistent complaints of low back and knee pain, 4/10. The applicant had good days and bad days. The applicant was using Norco for pain relief. 5/5 lower extremity strength was noted with negative straight leg raising and symmetric reflexes. Sensation was intact. The attending provider stated that the applicant should consider epidural steroid injection therapy versus a lumbar fusion at L5-S1. The applicant was retired, it was acknowledged. There was no mention made of any radicular complaints. In an earlier note dated August 7, 2014, the applicant was again described as having persistent complaints of low back and knee pain, 4/10. The applicant was using Norco for pain relief. The applicant was again described as having 5/5 lower extremity strength, negative straight leg raising, normal sensorium about the lower extremities, and symmetric reflexes. It was stated that the applicant's lower extremity range of motion was normal while lumbar range of motion was 50% normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI): Upheld

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

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are an option in the treatment of radicular pain, in this case, however, all of the information on file points to the applicant's having axial low back pain. There was no mention made of any radicular complaints on either of the August or September 2014 office visits, referenced above. Therefore, the request for lumbar epidural steroid injection at unspecified levels is not medically necessary.