

Case Number:	CM15-0016005		
Date Assigned:	02/04/2015	Date of Injury:	01/14/2008
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/28/2015

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: Orthopedic Surgery

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 46- year old female, who sustained an industrial injury on January 14, 2008. The diagnoses have included left knee torn ACL and meniscus with surgery 2005, injury to left rotator cuff, neck and ulnar neuropathy, radiculopathy, anxiety, stress disorder, chronic pain, somatic symptoms disorder and chronic pain . Treatment to date has included pain medication to include oral and topical application, physical therapy with home exercise program, pain medication to include oral and topical application, physical therapy with home exercise program, rest, activity restriction, heat/ice application, surgical intervention and regular follow up. Currently, the IW complains of low back pain. Accompanying symptoms included numbness, tingling and weakness of left leg. Pain was reported to be constant, is worsened with activity, and is decreased with lying on the floor with her hips and knees flexed. Physical exam was remarkable for decreased sensation to light touch of the left posterior leg, lower back tender to palpation, range of motion does not worsen with activity and reflexes are equal and symmetric bilaterally. On January 27, 2015, Utilization Review non-certified a bilateral S1 transforaminal epidural steroid injection, noting the workers reaction to previous injections was not documented. For additional injections there need to be documentation of functional improvement such as return to work and reduction of pain medication. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On January 28, 2015, the injured worker submitted an application for IMR for review of a bilateral S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 Transforaminal Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate function improvement from the prior epidural at L5/S1 on 8/24/14. Therefore the determination is for non-certification.