

Case Number:	CM15-0017969		
Date Assigned:	02/05/2015	Date of Injury:	03/03/2005
Decision Date:	05/18/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/30/2015

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: Physical Medicine & Rehabilitation

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 63-year-old female who reported an injury on 03/03/2005. The mechanism of injury was not stated. The current diagnoses include localized osteoarthritis of the lower leg, chondromalacia patella, and lumbar spondylosis without myelopathy. The injured worker presented on 11/25/2014 for a followup evaluation regarding pain in the bilateral knees and lower back. The current medication regimen includes Terocin lotion, Lidoderm 5% patch, trazodone 50 mg, and Motrin 800 mg. Upon examination, there was mild effusion of the knees bilaterally, crepitus, tenderness to palpation in the pes anserinus bursa, trigger points in the gluteus medius and quadratus lumborum bilaterally, limited motor strength in the left hip and ankle, paresthesia in the medial and lateral legs bilaterally, diminished reflexes bilaterally, a positive SI joint compression test, a positive McMurray's sign, a positive patellar compression test, a positive slump test, and an antalgic gait. Recommendations included an MRI of the lumbar spine, a TENS unit, a lumbar epidural injection, a pain management consultation for the lumbar epidural injection, and Hyalgan injections. A Request for Authorization form was then submitted on 01/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of radiculopathy upon examination. There were no imaging studies or electrodiagnostic reports submitted for review. There was also no mention of a recent attempt at any conservative treatment for the lumbar spine. Given the above, the request is not medically necessary.

Pain management for lumbar epidural steroid injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no evidence of a failure of other appropriate pain modalities including medication. There was no evidence of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.

MRI of the lumbosacral spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiological evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultation the selection of an imaging test. There was no documentation of a comprehensive physical examination of the lumbar spine on the requesting date. The medical necessity has not been established. There was also no mention of any recent conservative treatment prior to the request for an imaging study of the lumbosacral spine. Given the above, the request is not medically appropriate.