

Case Number:	CM15-0112077		
Date Assigned:	06/18/2015	Date of Injury:	12/08/2010
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female who sustained an industrial injury on December 8, 2010. She has She has reported lower back pain and bilateral knee pain and has been diagnosed with displacement of lumbar intervertebral disc without myelopathy, lumbago, spinal stenosis of lumbar region, carpal tunnel syndrome, cervicalgia, and unspecified internal derangement of the knee. Treatment has included surgery, medical imaging, chiropractic care, medications, and injections. The injured worker complains of pain in the head, mid back, lower back, knee, right ankle and foot with radiation to both arms and both legs. The pain was associated with tingling, numbness, and weakness in the arms, hands, legs, and feet. Objective findings note the injured worker ambulates with a non-antalgic gait. On external examination, cervical, thoracic, and lumbar normal curvatures were maintained. Right knee was with tenderness over the right medial patellar line and crepitus on flexion. The treatment request included a lumbar epidural steroid injection L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: The claimant sustained a work-related injury in December 2010 and continues to be treated for right lower extremity pain and radiating low back pain. An MRI is referenced as showing multilevel disc bulging. When seen, there was a non-antalgic gait. There was right knee patellar tenderness with crepitus and positive McMurray's testing. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings that would support a diagnosis of lumbar radiculopathy and the requested epidural steroid injection was not medically necessary.