

Case Number:	CM15-0112635		
Date Assigned:	06/19/2015	Date of Injury:	09/29/1999
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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 65 year old female, who sustained an industrial injury on 9/29/1999. She reported straining her left knee and ankle. Diagnoses have included spinal/lumbar degenerative disc disease, knee pain, pain in joint lower leg and low back pain. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 5/11/2015, the injured worker complained of left knee pain. She rated her pain as 5/10 with pain medications and 8/10 without pain medications. The injured worker had an antalgic gait. Exam of the lumbar spine revealed restricted range of motion. There was tenderness to palpation of the paravertebral muscles. Lumbar facet loading was positive on both sides. Exam of the knees revealed tenderness to palpation and effusion. She reported that on 4/30/2015, her left knee gave out and she fell to the right, hitting her head on a door frame. Authorization was requested for lumbar transforaminal epidural steroid injection at bilateral L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at bilateral L5-S1: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in January 2012. When seen, she was having left knee pain. Pain was rated at 5/10 with medications. She had a decreased activity level. Physical examination findings included an antalgic gait with use of a walker. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and positive facet loading. There was decreased and painful knee range of motion with tenderness and an effusion bilaterally. McMurray's testing was positive on the right side. There was decreased right lower extremity strength and sensation. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, when requested, the claimant had left knee pain. Radicular symptoms are not documented. The requested cannot be considered as being medically necessary.