

Case Number:	CM15-0126358		
Date Assigned:	07/10/2015	Date of Injury:	02/01/2008
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 54 year old male who sustained an industrial injury on February 1, 2008. He has reported left leg pain and has been diagnosed with status post left total knee replacement and lumbar disc disease with radiculitis. Treatment has included medications, acupuncture, and surgery. Objective findings note soreness to the left gluteal. Neuro was intact motor but there was diminished sensation to the left calf and bilateral dorsal feet. There was a negative straight leg raise. Left knee showed no effusion. There was medial compartment soreness. Range of motion was 0-95 degrees with medial compartment palpable popping. The treatment request included a lumbar epidural injection, corticosteroid injection, L5 transforaminal block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection, corticosteroid injection, L5 transforaminal block: Overturned

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, p46.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2008 and continues to be treated for persistent left lower extremity pain. When seen, over the previous month he was now having bilateral symptoms. Physical examination findings included decreased left calf and bilateral dorsal foot sensation. Straight leg raising was negative. An MRI of the lumbar spine and February 2014 included findings of mild to moderate left lateralized foraminal stenosis most severe at L5/S1. EMG/NCS testing was done previously and appears to have shown findings of left peroneal neuropathy. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity and bilateral dorsal foot sensation and imaging is reported as showing left lateralized findings at multiple levels. The criteria for a lumbar epidural steroid injection are met and the request was medically necessary.