

Case Number:	CM15-0176468		
Date Assigned:	09/17/2015	Date of Injury:	11/27/2005
Decision Date:	10/27/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/08/2015

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, Pain Management, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained an industrial injury on 11-27-05. Documentation indicated that the injured worker was receiving treatment for chronic bilateral shoulder, knee and low back pain. Previous treatment included physical therapy, left sacroiliac joint injection, epidural steroid injections, bilateral knee injections, lumbar fusion (2009), bilateral knee total knee arthroplasty and medications. The injured worker underwent left total knee arthroplasty on 12-24-14 and right knee arthroscopic lysis of adhesions on 4-23-15. In a pain management progress note dated 8-20-15, the injured worker complained of low back pain with radiation down the left leg to the foot associated with numbness and dysesthesias. The injured worker rated his pain 4 to 7 out of 10 on the visual analog scale, with an average pain rating of 6 out of 10. Physical exam was remarkable for lumbar spine with tenderness to palpation and spasms from L1 to the sacrum bilaterally, positive Fortin's sign at bilateral sacroiliac joints, tenderness to palpation to the lumbar facets with positive facet loading test bilaterally, restricted and painful lumbar range of motion with flexion 45 degrees, flexion 15 degrees, bilateral lateral flexion 25 degrees and bilateral lateral rotation 35 degrees, 4+ out of 5 left lower extremity strength, "diminished" sensation over the left L3-5 distributions, 1+ left patellar reflex, positive left straight leg raise and positive bilateral Fabere sign and Gaenslen's sign. The injured worker walked with a guarded and antalgic gait. Heel and toe ambulation caused an increase in back pain. The physician stated that the injured worker had "excellent, sustained relief from lumbar epidural steroid injections in the past." The treatment plan included repeat electromyography and nerve conduction velocity test of

the left lower extremity, continuing home exercise and left L4 and L5 transforaminal epidural steroid injections. On 8-29-15, Utilization Review noncertified a request for left L4 and L5 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 Transforaminal Epidural Steroid Injection QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS 2009 states that epidural steroid injections are an option to prevent the transition from acute to chronic pain. They are an option if radicular symptoms are present with corroborative objective findings. The medical record includes multiple diagnoses for the regional lower back pain without any imaging findings describing nerve root compression. This request for an epidural steroid injection does not adhere to MTUS 2009 and is not medically necessary.

Left L5 Transforaminal Epidural Steroid Injection QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS 2009 states that epidural steroid injections are an option to prevent the transition from acute to chronic pain. They are an option if radicular symptoms are present with corroborative objective findings. The medical record includes multiple diagnoses for the regional lower back pain without any imaging findings describing nerve root compression. This request for an epidural steroid injection does not adhere to MTUS 2009 and is not medically necessary.