

Case Number:	CM15-0033822		
Date Assigned:	02/27/2015	Date of Injury:	02/23/2013
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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 male patient, who sustained an industrial injury on 02/23/2013. A primary treating office visit dated 12/01/2014 reported subjective complaint of continued lumbar spine and left knee pains. He stated his stiffness has increased in the upper left side of back which causes him to sit in a forward flexion position. He also reports miss-stepping with his left knee, as it gives way. The patient also reports developing compensatory right knee pains. Objective findings showed lumbar spine tenderness to palpation about the paraspinal musculature; ranges of motion are restricted. He is diagnosed with lumbar spine strain/sprain; left knee strain/sprain and left knee medial meniscus tear per radiography 06/23/2014. A request was made for a lumbar epidural steroid injection to L4-5. On 01/28/2015, Utilization Review, non-certified the request, noting the CA MTUS, chronic Pain Guidelines, Epidural Steroid Injections Page 46 was cited. On 02/23/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-L5 times 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with lumbar spine and left knee pain. The treater is requesting a lumbar epidural steroid injection L4 - L5 times one. The RFA from 01/20/2015 shows a request for epidural lumbar spine steroid injection level 4/5. The patient's date of injury is from 02/23/2013 and he is currently temporarily totally disabled. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The 05/02/2013 MRI of the lumbar spine shows at 2 to 3 mm central disc protrusion at L4 - L5 without significant stenosis or neural impingement. The 07/10/2014 report shows that the treater requested an epidural steroid injection at L4 - 5. The 08/21/2014 report shows a positive straight leg raise on the left. Lasegue's test is positive on the left. The progress report dated 10/02/2014 notes, "He states he notices more stiffness since the epidural steroid injection in with occasional burning and he is not taking medications because of drowsiness." In this case, the patient's previous epidural steroid injection did not result in at least 50% pain relief for 6 to 8 weeks. The request is not medically necessary.