

Case Number:	CM13-0010595		
Date Assigned:	03/26/2014	Date of Injury:	12/20/2012
Decision Date:	07/28/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old female with a work injury dated 12/20/12. Her diagnoses include lumbar disc protrusion, right ankle contusion, right ankle/foot derangement, (not otherwise specified); right ankle sprain/strain; right ankle avascular necrosis of the talar dome and tibiotalar chondromalacia. Under consideration is a request for a lumbar epidural steroid injection at L4-5. The lumbar spine MRI dated 2/28/13 revealed posterior disc bulges of 2mm at L1-2, 3-4mm at L3-4, 4 to 5 mm and L4-5 and 3mm at L5-S1 with annular fissures in the posterior aspect of the L4-5 and L5-S1 discs and moderate to severe L4-5 central canal narrowing. Facet hypertrophy which is bilateral is mild at L3-4 bilaterally; moderate at L4-5 and at L5-S1 mild on the left and severe on the right. There is neural foraminal narrowing which is slight to mild on the right at L3-4 and bilaterally mild at L4-5. There are benign appearing L4 and L5 interosseous lesions. A 4/18/13 secondary treating physician report states that the patient's low back pain continues to be severe dull aching pain associated with spasm which increases with prolonged standing, walking, bending, twisting, pushing, pulling, squatting, stooping, and activities of daily living which radiates to lower extremities with numbness, tingling, and weakness. Right shoulder also remains symptomatic and she has had difficulty with standing, walking, using the stairs, and has an uneven gait for which she is using a cane for ambulation. On examination, gait is antalgic and using a cane for ambulation. Spasm and tenderness over the lumbar spine paraspinous/paravertebral area with decreased range of motion of the lumbar spine. Straight leg raise is positive on the right side. Decreased sensation is noted over the L5 distribution bilaterally and also S1 distribution on the right side compared to the left. Marked tenderness is noted over the left knee joint but significant diffuse tenderness is noted over the right ankle with limited range of motion and swelling around especially lateral malleolus. A 5/20/13 secondary treating physician report states that the patient returns today for follow up. Since the last examination,

she feels worse. She complains of low back and right ankle pain rated as 9/10 and right foot pain. She reports that the pain is associated with weakness and numbness in her right foot and swelling in her right ankle. The pain radiates to her right calf. She reports that lifting, pushing, pulling, twisting, bending, stooping, kneeling, walking and sitting aggravate her symptoms. She is continuing her treatment as recommended. She has been receiving physical therapy and chiropractic treatment. On examination of the right ankle/foot, there was tenderness to palpation, spasm and swelling noted over the joint line, ankle dorsum and foot dorsum. The manual muscle testing revealed 4/5 strength with dorsiflexion, plantar flexion, inversion and eversion. Range of motion was restricted due to pain and spasm. The treatment plan includes a request for a lumbar epidural steroid injection and a referral to a foot and ankle specialist for possible right ankle arthroscopy. A 6/13/13 secondary physician pain management report indicates that on the physical exam reveals there is no sign of sedation. She is alert and oriented. Spasm and tenderness over the lumbar spine and paraspinous/paravertebral area is noted. The patient has slight antalgic gait and using a cane for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESI) AT L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of 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): 45.

Decision rationale: A lumbar epidural steroid injection is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation dated 4/18/13 indicates that the patient has a straight leg raise which is positive on the right side. There is also decreased sensation is noted over the L5 distribution bilaterally and also S1 distribution on the right side compared to the left. The MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines also state that to perform an epidural steroid injection the patient should be unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation indicates that the patient has tried PT and chiropractic treatment with persistent pain. She has corroborative findings in the L4-5 areas on her lumbar MRI. The request for a lumbar epidural steroid injection is medically necessary.