

Case Number:	CM13-0014367		
Date Assigned:	06/20/2014	Date of Injury:	09/19/2012
Decision Date:	07/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/21/2013

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, has a subspecialty in Neuromuscular Medicine 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 54 year old female who had a work injury on 9/19/12. This occurred while assisting a wheelchair passenger who was about to fall off the bus, she grabbed the wheelchair and pushed it back onto the ramp and then up the ramp into the bus. She had pain in her neck and low back at that time. Her diagnoses include chronic cervical and lumbar strains and bilateral frozen shoulders. Under consideration is a request for authorization of a right L5, S1 epidural steroid injection. This was originally requested on 8/13/13 and denied. There is a 12/23/13 Agreed Medical Evaluation that states that the patient states that her treatment in the past has included medications, shots of Lidocaine in her neck and low back. The treatment helped only for a little while and the shots didn't last long. She also has pain in the base of her neck which radiates to both shoulders. On examination there is mild muscle spasm about the cervical and the lumbar paraspinal muscles to inspection and palpation. There is moderate paraspinal muscle tenderness about the neck and lumbar areas. There are no myofascial trigger points in the neck or upper back, nor are there any in the lumbar region muscles to palpation. Facet joint dysfunction is not in evidence in the neck or low back and costovertebral joint dysfunction is not found in the thoracic spine. The patient has a normal tandem gait. Heel and toe ambulation is guarded due to low back pain complaints. Squatting is carried out to 10% of normal, limited by knee and low back pain. Manual muscle testing in the lower extremities found 5/5 strength in all the muscle groups bilaterally. Straight leg raising is negative to 90 bilaterally, seated and supine. Deep tendon reflexes are 2+ and symmetrical at the knees and ankles bilaterally. Sensation is preserved in the L2-S 1 dermatomes bilaterally. Per documentation a July 25, 2013 clinic note states that the epidural steroid was warranted due to exam findings on this date. The documentation states that on this date the patient had decreased lumbar range of motion. There is

decreased light touch sensation in the dorsal aspect of the right foot. There are decreased reflexes in the right ankle. There are normal reflexes in the bilateral knees. There is a decreased strength with the right dorsiflexor and right extensor hallucis longus muscle. Normal strength in the bilateral knee flexors and knee extensors. There is a positive right straight leg raise at 40 degree. There is a document dated 11/7/12 that states that the patient has tried one lumbar epidural injection in September 2012 with some benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 EPIDURAL STEROID INJECTION QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: The request for a right L5-S1 epidural steroid injection qty:1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted reveals no objective lumbar MRI or electrodiagnostic studies which could corroborate the patient's clinical exam. Additionally the documentation indicated the patient has had a lumbar injection in 2012. It is not clear what level this injection was and the specific results/efficacy of this injection. Without this information additional injections cannot be certified. Therefore, the request for L5-S1 epidural steroid injection qty:1 is not medically necessary.