

Case Number:	CM13-0016889		
Date Assigned:	11/06/2013	Date of Injury:	09/14/2007
Decision Date:	01/03/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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.

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 is a 63-year-old gentleman injured on 9/14/07. The clinical records for review include an orthopedic consultation dated 7/29/13 indicating chronic complaints of neck, shoulder, low back, and left and right knee pain. It states that he is status post a lumbar spine surgery in 2010 with hardware placement. His physical examination findings at that time showed the lumbar spine to be with full motor strength to the lower extremities in all major muscle groups, positive Romberg test on the right, and a knee examination with positive McMurray testing. The lumbar spine was with a well-healed incision with sciatic notch tenderness and restricted range of motion. ■. ■ at that time diagnosed the claimant with lumbar spine spondylosis, lumbar disc syndrome with previous hardware, and "failed back syndrome." He prescribed medications in the form of Flexeril and Tramadol. He stated that the claimant was scheduled to undergo a hardware injection in August 2013. The claimant followed up on 7/19/13 with ■ for which lower extremity evaluation showed 4/5 strength with knee extension and hip flexion on the right compared to the left with +1 right knee reflex compared to +2 on the left. He described diminished sensation in an L3 and L4 dermatomal distribution to the left lower extremity. In addition to recommending a hardware injection, he recommended request for epidural injections to be performed at the right L3-4 and L4-5 level as the claimant was noted to have received 60% pain relief from his initial procedure. This injection took place on 6/21/13. Clinical imaging to the lumbar spine included an MRI report dated 4/21/11 that showed prior discectomy and interbody fusion at L4-5 and L5-S1 with allograft and hardware with the L3-4 level being with a broad-based disc protrusion with mild left greater than right lateral foraminal narrowing. A QME report of 9/6/13 ■ stating that on 8/22/13 the claimant underwent lumbar surgery for hardwa

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L3-4, L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, lumbar epidural steroid injections at the L3-4 and L4-5 levels would not be indicated. Guidelines state that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". In this case imaging from 2011 revealed a disc protrusion at L3-4 and evidence of prior discectomy and fusion at L4-5 and L5-S1; examination findings as documented by the physician noted L3-4 sensory loss, positive straight leg raise test without indication of what pain was reproduced, and a strength deficit graded at 4/5 without indication as to the specific musculature that was tested. The available medical record therefore fails to demonstrate a radiculopathy documented by physical examination and corroborated by imaging and or electrodiagnostic testing and as such the epidural steroid injections L3-4 and L4-5 would not be considered as medically necessary.