

Case Number:	CM13-0023921		
Date Assigned:	12/18/2013	Date of Injury:	07/07/2008
Decision Date:	01/29/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation, 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. 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:

This 53 year-old male Machine Operator sustained a low back injury after being hit on the left side of his legs by a corrugated sheet on 7/7/08 while employed by [REDACTED]. Request under consideration include one epidural steroid injection at the bilateral L5 level. The patient is s/p lumbar discectomy on 2/28/11 with current diagnoses of lumbosacral neuritis and sciatica. Treatment has included medications (Tramadol ER, gabapentin, atorvastatin, ASA, glucosamine, Lisinopril, Metformin, Naproxen, and Oxycodone-Acetaminophen and Salmon oil), acupuncture, H-Wave, physical therapy, activity modification, physical therapy, epidural steroid injections, and surgery. P&S report dated 9/24/12 from [REDACTED], orthopedist, noted treatment of uneventful L4-5 decompression (laminoforaminotomy) and has developed episodic back and gluteal bursal pain, thus far treated conservatively requiring occasional Oxycodone or Vicodin for pain. Exam showed subtle numbness in L5 distribution and residual disesthesias, no functional weakness and slightly reduced range of motion. Impression included L4-5 far lateral disk herniation s/p decompression; Episodic mechanical lumbar pain with lumbar degeneration and strain. Future medical included changing from 75 pound lifting limit to 30 pounds; medication monitoring, with therapy, acupuncture, and injection for flares are reasonable; No additional surgery anticipated unless he has recurrent disc herniation. Electrodiagnostic study by [REDACTED] dated 5/29/13 revealed a normal study. MRI of the lumbar spine dated 6/3/13 showed left posterolateral and foraminal protrusion at L4-5 diminishing left neural foramina and deviating the exiting nerve root. Report of 7/8/13 from [REDACTED] noted complaints of low back pain radiating down legs with weakness. Exam showed tenderness and multiple trigger points in the upper, mid, lower trapezius, rhomboid, quadratus, lumbar region and IT band bilaterally. There were motor deficits on both

IMR ISSUES, DECISIONS AND RATIONALES

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

One epidural steroid injection at the bilateral L5 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections, (ESIs),.

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

Decision rationale: This 53 year-old male Machine Operator sustained a low back injury after being hit on the left side of his legs by a corrugated sheet on 7/7/08 while employed by [REDACTED]. Request under consideration include one epidural steroid injection at the bilateral L5 level. The patient is s/p lumbar discectomy on 2/28/11 with current diagnoses of lumbosacral neuritis and sciatica. Treatment has included medications (Tramadol ER, gabapentin, atorvastatin, ASA, glucosamine, Lisinopril, Metformin, Naproxen, and Oxycodone-Acetaminophen and Salmon oil), acupuncture, H-Wave, physical therapy, activity modification, physical therapy, epidural steroid injections, and surgery. P&S report dated 9/24/12 from [REDACTED], orthopedist, noted treatment of uneventful L4-5 decompression (laminoforaminotomy) and has developed episodic back and gluteal bursal pain, thus far treated conservatively requiring occasional Oxycodone or Vicodin for pain. Exam showed subtle numbness in L5 distribution and residual disesthesias, no functional weakness and slightly reduced range of motion. Impression included L4-5 far lateral disk herniation s/p decompression; Episodic mechanical lumbar pain with lumbar degeneration and strain. Future medical included changing from 75 pound lifting limit to 30 pounds; medication monitoring, with therapy, acupuncture, and injection for flares are reasonable. Electrodiagnostic study by [REDACTED] dated 5/29/13 revealed a normal study. MRI of the lumbar spine dated 6/3/13 showed left posterolateral and foraminal protrusion at L4-5 diminishing left neural foramina and deviating the exiting nerve root. California MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Although the MRI showed protrusion at L4-5 causing narrowing of the neural foramina, the EMG/NCV revealed normal impression. The patient exhibit ongoing chronic pain symptoms similar to P&S report from [REDACTED] without indication for future surgical procedures. The patient had undergone previous injections; however, submitted reports have not adequately demonstrated previous pain relief or functional improvement from injections previously rendered. The one epidural steroid injection at the bilateral L5 level is not medically necessary and appropriate.