MAXIMUS Federal Services

Case Number:	CM13-0027634		
Date Assigned:	11/01/2013	Date of Injury:	09/13/2010
Decision Date:	03/11/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, District of Columbia, and Florida. 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:

The patient is a 44-year-old female who had a work related injury on 9/3/2010. She had been working as a member of the [redacted] since November 2009. It was towards her closing shift on the date of injury when she was assisting a resident weighing around 300 pounds. She rolled the patient towards her when the patient went to reach for the bar on the bed that had been put down. The resident was in danger of falling when the patient caught the resident and prevented his fall. This action caused the claimant to feel an immediate strain in her back. There was no bruising, swelling, dizziness or disorientation. The patient reported the incident to her employer the following day and was referred to see a doctor at [redacted]. During the course of treatment she had been prescribed various pain medications while seeing a pain management doctor for about a year. In February 21, 2011 the patient was involved in another work related injury. She had been working light duty, as per doctor's recommendations from previous injury that specifically stated for her to not involve herself in physical duties including lifting patients. On the second date of injury the patient was assisting a woman with advanced dementia weighting around 270 pounds with walking and using the wheelchair in the [redacted] section of the facility. All of a sudden there was screaming from the other side of the floor. The patient states that she turned her head suddenly to locate the source of the noise. The woman she was assistant all of a sudden sat down and pushed backup against the patient with the wheelchair. As a result the patient was pushed back into a pillar. She went to see a doctor for the injury the following day. There was swelling and the patient found it hard to move her neck. The patient states that her back was getting better from the previous injury however the new injury aggravated the pain in her back. Treatment for her injury has included 25 sessions of physical therapy consisting of stretching exercises and hot

and cold applications. MRI of the lower back performed reportedly showed herniated disc with a small tear. The patient has received 2-3 sessions of acupuncture treatment. The patient's most recent MRI study showed herniated disc, bulging in the neck and blocking of the nerve root. Nerve studies of the upper extremities showed carpal tunnel syndrome in both hands. Currently the patient complains of pain to the neck rated at 6 to 7/10. The pain radiates down to the hands. The frequency of the pain is described as constant. The patient reports experiencing symptoms of cramping, tension and spasms in the neck. The patient reports loss of movement in the neck. She complains of pain to the low back rated at 7/10. There is radiation of the low back pain down the right leg to the foot. She reports associated symptoms of depression, gastrointestinal upset, problems with sexual function and having trouble sleeping. According to a medical report dated 4/10/13 by [redacted], authorization for bilateral L3-L4, L4-L5, and L5-S1facet and steroid injections were requested to help with pain. The patient had some kind of lumbar injection in the past which provided three weeks of pain relief in the back. According to the medical report dated 8/21/13 by [redacted], the patient stated that pain was relatively unchanged. There was persistent pain, muscle spasm, muscle tightness, and stiffness. The patient was having more Charley Horses and muscle cramps in the lower extremity. The patient stated that upon getting out of bed there was a feeling of giving way of the leg because of numbness in the left lower extremity. The patient had an element of stress and depression. The patient was not working and was totally temporarily disabled. On examination, there was tenderness over the lumbar paraspinal muscles bilaterally. Diagnoses were discogenic lumbar condition with radicul

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection, Lumbar Spine: Upheld

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

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

Decision rationale: The request for Epidural Injection, Lumbar Spine is not supported at this time as the recent 8/21/13 update medical report did not reveal radicular signs of PE. Straight leg raise test were negative. Sensory function seemed to be within normal limits. Facet loading was positive. As there were no dermatomal changes in the lower extremities (LE's) or positive root tension signs, the requested Epidural Injection, Lumbar Spine is not substantiated at this time. The guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore the request for Lumbar Epidural Injection is not medically necessary.