

Case Number:	CM13-0045832		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2009
Decision Date:	03/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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

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 patient is a 49-year-old female with date of injury 06/16/2009. Listed diagnosis is lumbar sprain/strain with multilevel disk disease and facet disease per treater's report on 09/16/2013. Presenting symptoms are back pain with objective findings of lumbar paraspinal muscle tenderness, negative straight leg raise. Current medication is Vicodin twice a day. A supplemental report from 10/03/2013 by [REDACTED] showed that he reviewed the medical report and recommends 1-time epidural steroid injection for this patient per report by [REDACTED]. Report from 06/04/2013 states that the patient is seen for follow-up and that the patient has disk disease at multilevel from L3 to S1 with facet disease. EMG was normal. Symptoms managed with Vicodin. AME report from 07/22/2013 by [REDACTED] discusses x-ray findings of advanced degenerative disk at L5-S1 with bilateral pars defect and grade 1 spondylolisthesis. His diagnostic impression was L5 lumbar radiculopathy with degenerative disk disease at L5-S1, greater than L4-L5. Supplemental report by AME on 08/20/2013 makes reference to an MRI of the lumbar spine from 2009 that showed degenerative changes from L3 to sacrum, left paracentral disk herniation encroaching on the left L5 nerve root. Another MRI from 2011 showing disk osteophyte complex at L4-L5, 3 mm to 6 mm, and at L5-S1, 3 mm to 7 mm, combined with facet arthropathy causing moderate to marked bilateral neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) for Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 46-47.

Decision rationale: This patient presents with low back pain. Medical reports dated 06/04/2013; 09/16/2013 showed that the patient only has low back pain. There are no descriptions of radiating symptoms down to the lower extremity. Examination showed negative straight leg raise test and no myotomal or dermatomal distribution of neurologic findings. MRI findings referenced from 2009 and 2011 shows 3- to 7-mm disk/osteophyte complexes at L4-L5 and L5-S1 with marked narrowing of the bilateral foramen. The patient's examination is negative and the patient does not reportedly have radiating symptoms to the lower extremities per treatment physician's reports. However, the agreed medical evaluator on his report on 07/22/2013 describes symptoms as "constant lower back pain with intermittent pain extending down his left leg to the foot associated with numbness in his big toe". His examination showed "some numbness in the left L5 dermatome and 4+/5 strength in the left EHL". SLR is positive on the left heel/toe, walks with difficulty on the left side. MTUS Guidelines support trying epidural steroid injection for radiculopathy defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this patient, while the primary treating physician does not document pain down the left lower extremity, the agreed medical evaluator's report on 07/22/2013 clearly describes pain down the left lower extremity extending to the large toe, positive examination findings with weakness and numbness at L5 nerve distribution, and positive straight leg raise test. MRI findings referenced back to 2011 showed bilateral severe foraminal stenosis at L5-S1 with disk herniations at L4-L5 and L5-S1. Recommendation is for authorization of the requested lumbar epidural steroid injection at a single level.