MAXIMUS Federal Services

Case Number:	CM13-0046944		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2010
Decision Date:	04/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 37 year old male who was injured on 08/11/2010 while he was on a scaffold he was lifting a cement bucket and he developed pain in his lower back. Prior treatment history has included physical therapy and medication. Diagnostic studies reviewed include x-ray of the lumbar spine dated 04/10/2013 revealing degenerative marginal anterior superior and anteroinferior vertebral end plate osteophyte at L3 and L4 and straightening of the lumbar lordotic curvature which may reflect an element of myospasms. Electrodiagnostic studies dated 04/19/2013 are suggestive of chronic L5 nerve root irritation on the right side. MRI of the lumbosacral spine with flexion and extension views with the following impression: 1. Loss of intervertebral disc height and disc desiccation changes are seen at the L3-L4, L4- L5 and L5-S1 levels with straightening of the normal lumbar spine lordosis. 2. L5-S1 level: Mostly focal central 4 mm disc protrusion is seen with central annular tear. The disc abuts the anterior portion of the thecal sac with mild to moderate, left greater than right, lateral spinal and neural foraminal stenosis. 3. L4-L5 level: Annular concentric and broad-based with a focal central component 4.8 mm disc protrusion is seen. There is central and left paracentral annular tear seen producing impression upon the anterior portion of the thecal sac extending to the bilateral lateral recesses with moderate left greater than right lateral spinal and neural foraminal stenosis. 4. L3-L4 level: Annular concentric and bilateral 3 mm broad-based disc protrusion is seen. There is mild bilateral spinal and neural foraminal stenosis present. Interim Report/Request for Authorization note dated 08/29/2013 documented the patient to have complaints of low back pain. Objective findings on exam included examination of the thoracic/lumbar spine showing there was hypolordosis noted. There was spasm noted over the lumbar spine. There was no evidence of any spasm in the thoracic spine. There was tenderness noted over the lumbar spine paravertebral area on the right. There was no specific tenderness over the sciatic notch, posterior iliac crest, around

the gluteal muscles, posterior thigh, or sacrococcygeal area. The abdominal and back musculature showed 4/5 strength with flexion, extension and right lateral flexion. Upon toe walk and heel walk there was no complaint of any radicular symptomatology or weakness. There was good dorsiflexion and plantar flexion power noted. The patient had a positive straight leg raise on the right. There were trigger points noted over the erector spinalis on the right. There was general muscle weakness noted secondary to pain on the right. Range of motion was restricted due to pain. Range of motion revealed flexion 45 degrees, extension 10 degrees, right/left lateral bending 10/25 degrees, right/lateral rotation (thoracic) 30/30 degrees. Neurovascular status was intact. The patient has symmetric gait. Diagnosis/Assessment: 1) Disc herniation without myelopathy, lumbar spine. 2) Lumbar neuritis/radiculitis. Treatment/Plan is for a single set of epidural steroid facet injection of L4-S1. The patient is to remain off work until October 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID FORAMINAL INJECTION L4-L5 AND L5-S1: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines regarding the Criteria for the use of Epidural steroid injections, states, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing...7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." According to the QME report dated 8/15/2013, the patient stated he had received three previous epidural blocks in the past, which had not been helpful. Furthermore, upon examination by QME [redacted], the patient was found to have an entirely normal neurological evaluation. The medical report dated 8/29/2013 documented there was no motor weakness or radicular symptomatology on examination. It is acknowledged that the 5/2013 lumbar MRI demonstrated disc protrusions at the L4-5 and L5-S1 levels; however, there is no clinical findings to support the diagnosis of radiculopathy. The MTUS Guidelines state radiculopathy must be documented by physical examination. In addition, in the therapeutic phase consideration of repeat injections requires demonstration of continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Based on the patient's report of no benefit with prior epidural blocks, additional blocks would not be indicated. The request for an epidural steroid foraminal injection L4-L5 and L5-S1 is not medically necessary and appropriate