MAXIMUS Federal Services

| Case Number: | CM13-0053538 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 11/14/2012 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

## 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 Occupational Medicine 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 43 year old male who was injured on 11/14/2012 while pulling some heavy racking off steel shelves from a pallet. Prior treatment history has included chiropractic therapy, physical therapy, HEP, educations, and work restrictions. Past medications history includes Ultram, Naprosyn, and Prilosec. Diagnostic studies reviewed include MRI of the lumbar spine performed on 01/14/2013 revealed: 1. Decreased disk height, disk desiccation, with a 2 mm central and slightly right-sided disk extrusion noted at the L1-L2 level, which indents the ventral aspect of the thecal sac. 2. Decreased disk height, disk desiccation, anterolateral osteophytes, with a 2-3 mm diffuse disk bulge noted at the L3-L4 level. 3. Disk desiccation, anterolateral osteophytes, with a 2 mm broad based right-sided disk protrusion noted at the L4-L5 level. There is moderate narrowing of the right L4 neural foramen and mild narrowing of the left L4 neural foramen. 4. Disk desiccation, anterolateral osteophytes, with a 3 mm diffuse disk bulge noted at the L5-S1 level. There is associated mild spinal stenosis and moderate bilateral foraminal narrowing at this level. EMG/NCV of lumbar spine performed 09/02/2013 revealed a normal study and no electrodiagnostic evidence of either right or left lumbar radiculopathy. Orthopedic Specialist Consultation report dated 10/09/2013 indicated the patient complains of lower back pain radiating posteriorly down both legs to the calves, the right more than the left, increased with coughing, walking, pushing, reaching. Objective findings on exam revealed no abnormality, deformity, or palpable spasm of the lumbar spine. There is no tenderness present. The range of motion allows for 90 degrees of flexion at the hips with forward reach to the ankles, extension of 20 degrees and lateral bending of 30 degrees bilaterally; straight leg raise is negative bilaterally; sensation is intact; deep tendon reflexes are unobtainable. The calf circumference measures 14.5 inches on the right and 14 inches on the left. On review of x-rays of the lumbar spine, 5 views, AP and lateral, left and right, oblique, and a spot lateral at L5-S1, reveals a five lumbar vertebrae

with congenital fusion of L5-s1 with sacralization of L5; otherwise normal disc spaces, normal lumbar lordosis and alignment. There is no evidence of instability or stress fracture. There are no significant degenerative changes and no evidence of foraminal stenosis or narrowing. The patient is diagnosed with lumbar spondylosis, bilateral sciatica. The etiology of his symptomatology appears to be a combination of spondylosis and facet arthropathy with some foraminal stenosis. Having already failed conservative treatment including physical therapy, chiropractic treatment and some medications, an epidural steroid injection is a reasonable next step notwithstanding his normal EMG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION (UNSPECIFIED LEVEL):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter.

**Decision rationale:** This patient has a congenital fusion L5-S1 with MRI findings of foraminal stenosis after an injury 1.5 years ago and has failed conservative therapy including PT and medications. The guidelines criteria call for: "(1) Radiculopathy. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electro diagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The patient has radiculopathy and has been unresponsive to conservative treatment. The diagnostic ESI is medically appropriate according to the guidelines.