

Case Number:	CM13-0058164		
Date Assigned:	12/30/2013	Date of Injury:	12/10/2002
Decision Date:	03/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 40 year old male who was injured on 12/10/2002 when he was working as a park aid. He was changing a tire on a truck and pushing a piece of equipment and felt something in his back pull. Treatment history included physical therapy alleviating his pain minimally, acupuncture without relief of pain, lumbar epidural four years ago, 2 to 3 sessions of chiropractic care, which unfortunately did not provide any relief of his pain. The patient underwent decompression surgery 09/2007. On 10/29/2013 and 11/16/2013 medications list included Tramadol 50 mg, Naproxen 500 mg qd, Gabapentin 600 mg tid, Ambien 10 mg, Cymbalta 30 mg qd, Prilosec 40 mg qd, Refill Omeprazole capsule, Refill Tramadol HCL tablet, Refill Gabapentin tablet, Continue Ambien tablet, and Refill Naproxen. Urine drug screen results were reviewed on 10/29/2013 which was positive for Tramadol and negative for opiates. A note dated 04/05/2013 documents that since the complaint began, the symptoms have generally been worse. The patient reported that the pain was aggravated by bending, carrying, climbing, dressing, driving, jumping, kneeling, lifting, pulling, pushing, running, stooping, turning and twisting and was 30% worse when it was aggravated and it stayed that way for 45 minutes. A note dated 07/26/2013 documented the patient to have complaints of low back pain with left greater than right lower extremity symptoms. The patient stated that medication does help. Objective findings on exam included lumbar range of motion percent of normal revealed flexion 60, extension 50, left and right lateral tilt 50, left rotation 40. Lower extremity neurologic evaluation revealed left quadriceps 4+/5, left tibialis anterior 4+/5, left inversion 4+/5, left EHL 4+/5, left eversion 5-/5. Positive straight leg raise on the left. The patient was diagnosed with left L4-5 and left L5-S1 neural encroachment with radiculopathy, refractory and lumbar spondylosis. The patient's treatment plan involved chiropractic treatment. A note dated 10/15/2013 documented the patient rated his pain on average as a 7/10 scale. He did have

constant sharp pain in the left lower extremity and intermittent pain in the right lower extremity in the L5 distribution. He stated the medications were the biggest alleviating factor for the back and lower extremity radicular pain. The patient stated "Everything made the pain worse." Objective findings on exam included back examination of the lumbar spine tender to palpation, normal extension; normal flexion; straight leg raise positive bilaterally. Ears: normal. Musculoskeletal: full range of motion of the hip. Extremities: no edema, good capillary refill in nail beds. There was no clubbing, cyanosis or edema. Peripheral pulses: 2+ throughout. Neurologic: alert and oriented, cooperative with exam, cognitive exam grossly normal. Cranial nerves 2-12 grossly intact; no rigidity; no tremor sensory exam intact; normal strength, tone, and reflexes. Psych: alert, oriented; cognitive function intact; good eye contact, no auditory or visual hallucinations; speech clear. The patient was diagnosed with lumbago, radiculopathy, obesity, and insomnia. The patient was instructed to continue with managing his medication regimen. A note dated 10/29/2013 documented the patient with complaints of constant sharp pain in the left lower extremity and intermittent pain in the right lower extremity in the L5 distribution. He stated the medications were the biggest alleviating factor for the back and lower extremity radicular pain. The patient stated, "Everything makes the pain worse." Objective findings on exam included his back examination of the lumbar spine tender to palpation, normal extension; normal flexion; straight leg raise positive bilaterally. Ears: normal. Musculoskeletal: full range of motion of the hip. Extremities: no edema, good capillary refill in nail beds, no clubbing, cyanosis or edema. Peripheral pulses:

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal epidural L5-S1 right QTY: 1.00: Upheld

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

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

Decision rationale: Per CA MTUS guidelines, ESI's are recommended as an option for treatment of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Records reviewed indicate that this patient has persistent lower back pain radiating to the lower extremities. Pain location in the lower extremities is not detailed. There do not appear to be complaints of loss of sensation or weakness. Examination findings are conflicting. The most recent exam provided dated 12/16/13 states that sensation is intact, and there is normal strength, tone, and reflexes. Another examination notes mild global lower extremity weakness, diminished reflexes, positive straight leg raise, and sensation loss bilaterally in an L5-S1 distribution. Another examination notes sensation loss in an L4-L5 distribution with primarily left-sided findings. There is mention several times of a lumbar MRI showing bilateral L5-S1 "neural encroachment" without any other specifics. There is no actual MRI report provided. No electrodiagnostic testing is available for review. The lack of symptom specificity, the inconsistency of the physical examination, and the unavailability of the actual MRI report together leave a considerable amount of diagnostic

uncertainty. Radiculopathy has not been clearly established. Therefore, right lumbar transforaminal epidural L5-S1 is non-certified.

Lumbar Transforaminal Epidural L5-S1 left QTY: 1.00: Upheld

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

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

Decision rationale: Per CA MTUS guidelines, ESI's are recommended as an option for treatment of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Records reviewed indicate that this patient has persistent lower back pain radiating to the lower extremities. Pain location in the lower extremities is not detailed. There do not appear to be complaints of loss of sensation or weakness. Examination findings are conflicting. The most recent exam provided dated 12/16/13 states that sensation is intact, and there is normal strength, tone, and reflexes. Another examination notes mild global lower extremity weakness, diminished reflexes, positive straight leg raise, and sensation loss bilaterally in an L5-S1 distribution. Another examination notes sensation loss in an L4-L5 distribution with primarily L-sided findings. There is mention several times of a lumbar MRI showing bilateral L5-S1 "neural encroachment" without any other specifics. There is no actual MRI report provided. No electrodiagnostic testing is available for review. The lack of symptom specificity, the inconsistency of the physical examination, and the unavailability of the actual MRI report together leave a considerable amount of diagnostic uncertainty. Radiculopathy has not been clearly established. Therefore, left lumbar transforaminal epidural L5-S1 is non-certified.