

Case Number:	CM13-0061659		
Date Assigned:	12/30/2013	Date of Injury:	11/15/2007
Decision Date:	04/03/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/05/2013

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 57 year old male who was injured on 11/15/2007. Prior treatment history has included a wrist injection, bilateral lumbar epidural steroid injection at L5-S1 on 03/07/2012 with approximately 60% resolution of his low back pain and 5-% relief of his leg symptoms, lumbar epidural on 05/25/2013 that remarkable improved the pain radiating down his legs lasting for a few months and aquatic therapy. Progress report dated 05/01/2013 (pre-LESI) documented the patient to have complaints and physical exam unchanged from present findings of 12/19/2013. Progress report dated 06/18/2013 documented the patient to have completed his bilateral L4-S1 lumbar epidural on 05/03/2013 where he had greater than 50% relief of his leg symptoms. It is now beginning to return at baseline. Physical examination is the same as 12/19/2013 exam. Medical examination dated 09/09/2013, by [REDACTED], noted that the applicant also continued his treatment with [REDACTED] and at a visit April 2013, where he requested authorization for trigger point injections for the back pain as the applicant did report some benefits from those injections in the past when flare ups occurred. It was documented that the patient complains of low back pain which is present all of the time with radiation down the right leg to toes; he reports numbness and tingling in his left leg. He feels his back pain is worse than his leg pain with a pain level of 8/10. Improvement in symptoms is noted with his medications, rest, position change, a hot bath or shower and with use of a TENS unit. Objective findings documents upon examination of his lumbar spine he walked normally on his toes and heels. Squatting at 50% of normal at which point he stopped because of increased low back pain. Trendelberg test was normal bilaterally. No muscle spasm was noted in the lumbar region. There was midline tenderness in the back from approximately T8 to approximately L5 with bilateral paravertebral muscle tenderness in the lumbar region and right trochanteric tenderness but there was no sacroiliac, sciatic notch or gluteal tenderness noted. On neurological examination, in the

seated position, he reported pulling and pain in the back with straight leg raising on the right at 60 degrees, but straight leg raising on the left was negative. In the supine position, he reported having pulling and pain in the back with straight leg raising on the right at 60 degrees and pulling and pain in the back with straight leg raising on the left at 60 degrees. Patellar tendon reflexes were depressed and obtained at a trace bilaterally with reinforcement; the Achilles tendon reflexes were unobtainable bilaterally. When testing sensation in the lower extremities, he reported decreased sensation involving the entire right leg. When testing muscle strength, giving was noted when testing strength at the right ankle. On psychological-Waddell's signs, passive rotation of torso led to a complaint of increased back pain and non-anatomic nerve dysfunction was positive. None of the other Waddell's signs were positive. Measurements of knee: Girths; thigh (12.5 cm from superior pole of patella) left 57, right 54. Maximum patella left 42, right 43. Maximum calf left 39.5, right 43. Progress note dated 11/12/2013 documented the patient to have complaints of low back pain with sciatica. [REDACTED] AME report from 09/09/2013 was reviewed. In regard to the lumbar spine, he does not recommend further treatment with pain management. However, there was no mention of epidurals. At the time of the examination apparently, the patient did not mention how beneficial the epidurals were. It was not mentioned in [REDACTED] report. He does acknowledge that he had benefited from the TENS unit and medications however. Progress report dated 12/19/2013 documented the patient 60% improved right wrist pain and ongoing back pain with sciatica that radiates down his legs. Objective findings on exam included examination of the lumbar spine with diffuse tenderness, forward flexion 18 degrees hands to the floor, extension 30 degrees, lateral bend to the left and the right 30 degrees. Straight leg raising bilaterally is positive at 90 degrees. Decreased sensation along the L5 dermatomes bilaterally. Neurological examination of both lower extremities demonstrated hypesthesia to pinprick and light touch. Motor strength is 4/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection to bilateral L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Dermatomal radiculopathy is not evident on physical examination or corroborated by imaging studies. Surgery is being considered pending the outcome of a repeat ESI. However, ESI's have not been shown to affect the need for surgery. Guideline criteria have not been met. Medical necessity has not been established. Therefore, lumbar ESI is non-certified.