

Case Number:	CM13-0070071		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2012
Decision Date:	04/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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 Pain Management 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 was injured on 09/22/2012 while working as a strawberry picker he fell. Prior treatment history has included chiropractic care, physical therapy, transforaminal lumbar ESI at L5 and S1 on the left with no relief, pain cream and pain patches with no relief. Medications include Naproxen 500 mg with moderate relief. Diagnostic studies reviewed include MRI of the lumbar spine performed 07/13/2013 revealing mild annular bulging of the lower 3 lumbar discs; no HNP or central stenosis; no high grade foraminal narrowing or nerve root compression; otherwise normal MRI of the lumbar spine. Electrodiagnostic testing report dated 08/02/2013 noted left L5 and S1 radiculopathy. Clinic note dated 10/28/2013 documented the patient to have complaints of constant sharp and throbbing pain in his right greater than left lower back. Pain radiates to his right and left buttock, bilateral posterior thighs, knees, calf, ankles and feet, left greater than right. He has weakness in entire bilateral legs, left greater than right. PR-2 note dated 10/31/2013 documented the patient with complaints of pain in the back that radiates to both legs, right more than left. Pain has stayed about the same since last visit. Objective findings on exam include reflexes symmetric bilaterally. Straight leg raise is positive at 80 degrees bilaterally. PR-2 dated 11/26/2013 documents the patient has a history of a work injury to the lumbar spine. He has residual symptoms and returns to re-evaluate. The level of pain is 9/10. Medication stayed the same and the patient denies side effects. Sleep disturbance due to pain is occasional. Objective findings on exam reveal motor 5/5 in all muscle groups tested. Sensory grossly intact to light touch. Reflexes diminished at left ankle. Straight leg raise is positive at 90 degrees on the left for back pain. Palpation over the back does not reproduce pain symptoms. Gait is antalgic and the patient does not use a cane or walker. Range of motion is normal in both hips. Assessment: 1. Spondylosis Lumbar 2. Stenosis Lumbar 3. Radiculopathy L5-S1 Plan: Ongoing pain in his back radiating to his legs also described with numbness and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for LESI at L4-5 Interlaminar Approach: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine & Rehabilitation, 3rd Edition, 2007. Chapter 41: Low Back Pain, pages 883 - 928. Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 40: Interlaminar Epidural Steroid Injections for Lumbosacral Radiculopathy, pages 331

Decision rationale: The patient has inconsistent complaints of radiculopathy. One visit documents left greater than right symptoms, then another visit documents that the right side symptoms were greater than the left side. There are no corroborated findings in the clinical exam and imaging studies to document the requirement of radiculopathy. Further the patient has already received an ESI which did not show relief of symptoms (per visit at Precision Orthopedics on 10/25/2013). Based on the lack of documented radiculopathy and improvement from the initial injection, the request is not medically necessary.