

Case Number:	CM14-0101783		
Date Assigned:	07/30/2014	Date of Injury:	11/18/2011
Decision Date:	09/18/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 48-year-old male who reported an injury on 11/18/2011. Reportedly the injured worker worked as a deputy sheriff for the [REDACTED] when he sustained injury to the back of his lower left ankle and low back pain. The injured worker's treatment history included surgery, medications, physical therapy, and MRI studies. The injured worker had undergone an MRI of the lumbosacral spine dated 03/04/2013 that revealed mild spondylosis with a 4 mm central and left paracentral disc protrusion with moderate left canal stenosis and moderate bilateral neural foraminal stenosis at L3-4, mild spondylosis with a 5 mm central disc extrusion with slight downward migration from the level of disc space at L4-5, moderate central canal stenosis and moderate bilateral neural foraminal stenosis, and minimal facet degeneration and hypertrophy at L3-4 and L4-5. The injured worker was evaluated on 05/05/2014 and it was documented the injured worker complained of constant back pain. He described the back/leg pain ratio as 90% back pain and 10% leg pain. The injured worker described his symptoms as worse. The injured worker states he was currently working. He had been attending physical therapy. The injured worker's chief complaint today was lower back pain, shifting. Recent tests included MRI and EMG/NCV; however, those findings were not submitted for this review. Lumbar examination revealed range of motion right/left lateral flexion was 30 degrees without pain, right/left axial rotation was 30 degrees without pain, flexion was 30 degrees with pain, and extension was 10 degrees with pain. Straight leg raise test was positive on the right and left with back pain. Sensation to light touch revealed no abnormality. Pinprick sensation testing revealed no abnormality. Vibratory sense for the lower extremities was no abnormality. Right/left popliteal compression was positive. The Request for Authorization dated 05/12/2014 was for epidural injection on the left at L3-4 and L4-5. The rationale was for treat the injured worker aggressively, non-operatively with Indocin, the strongest anti-

inflammatory medication and epidural injection around the nerve root and back to physical therapy to see if it can calm down the symptoms without having to re-operate on the injured worker for recurrent herniation. He had positive straight leg raising and significant radiculitis in the leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection on the Left at L3-L4 and L4-5: Upheld

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

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

Decision rationale: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for epidural steroid injection on the left at L3-L4 and L4-L5 is not medically necessary.