

Case Number:	CM14-0124909		
Date Assigned:	08/11/2014	Date of Injury:	12/17/2009
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 injured worker is a male with date of injury 12/17/2009. Per the primary treating physician's progress report, the injured worker complains of back pain radiating from low back down legs, bilateral knee pain and pelvic pain. He rates his pain with medications as 6/10, and without medications 8/10. Quality of sleep is reported as poor. His activity level has remained the same. He states he has not been sleeping anymore, at most three hours at a time and is sleepy during the day and that it is hard to focus. He states it is hard to read for even short periods of time. He also states he has significant hearburn. He continues to express frustration, reporting he is unable to fully interact with his children and cannot go out with them due to his pain. He states his right foot may "feel dead" at times. He also has increased left knee pain due to right leg weakness and pain. On examination he appears tired, depressed and in moderate pain. He does not show signs of intoxication or withdrawal. His gait is antalgic and slowed without the use of assistive devices. Thoracic spine does not have limitation in range of motion. There is tenderness of paravertebral muscles with tight band noted on both sides. Lumbar spine range of motion is restricted with flexion limited to 45 degrees, extension limited to 10 degrees, right lateral bending limited to 15 degrees and left lateral bending limited to 15 degrees. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both sides. He cannot walk on toes. Straight leg raising test is positive on the right side in supine position. FABER test is positive. Babinski's sign is negative. Tenderness is noted over the sacroiliac spine. Right hip Gaenslen's was positive, FABER test is negative. Right knee reveals surgical scar. Bilateral knees have no limitation in range of motion, no effusion, and no tenderness. Motor strength of EHL is 4/5 on right and 5/5 on left. Ankle dorsi flexor's strength is 4/5 on right and 5/5 on left. Ankle plantar flexion strength is 4/5 on right and 5/5 on left. Sensation to light touch is decreased over medial foot on the right side, and pin prick is decreased over medial foot, medial calf,

anterior thigh, medial thigh, lateral thigh on the right side and medial foot on the left side. Diagnoses include 1) lumbar facet syndrome 2) lumbar radiculopathy 3) disc disorder lumbar 4) depression, NOS 5) spasm of muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

R L5-S1, S1-S2 (TFESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requesting physician reports that the injured worker had TFESI done L4 right side on 10/28/2013 with reported felt decreased throbbing pain to the right thigh but has residual right foot pain and weakness. Follow up on 2/19/2014 however reported that the ESI in October 2013 did not provide any benefit. MRI and EMG in 2010 were also negative for radiculopathy. The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as a treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Most current guidelines recommend no more than two ESIs. A second ESI may be recommended if there is proof of partial success with the first injection, defined as objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than four blocks per region per year. A third ESI is rarely recommended. The request for R L5-S1, S1-S2 (TFESI) is determined to not be medically necessary.