

Case Number:	CM14-0132502		
Date Assigned:	08/22/2014	Date of Injury:	09/03/2013
Decision Date:	10/01/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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:

This is a 62-year-old female with a 9/3/13 date of injury, when she sustained continues trauma injury due to repetitive work and injured her lower back. The patient was seen on 7/8/14 with complaints of 7-8/10 constant, achy, dull low back pain radiating to the bilateral legs to the knees with numbness and some weakness in the knees. Exam findings revealed wide-based gait with heel and toe walk performed with difficulty secondary to pain. There was diffuse tenderness noted over paravertebral lumbar muscles and moderate facet tenderness noted over L5-S1 level. Fabere/Patrik sign, sacroiliac thrust test and Yeoman's test were positive on the right with sacroiliac tenderness noted on the right. Kemp's test and straight raising test were positive bilaterally. The lumbar range of motion was: lateral bending right and left 15 degrees, flexion 50 degrees and extension 10 degrees. The examination of the lower extremities revealed normal range of motion of the hips, knees and ankles with decreased sensation along bilateral L3, L4 and L5 dermatomes. The muscle strength in the lower extremities was 5/5 except big toe extensors, knee extensors and right hip flexors where the strength was 4/5. The note stated that the patient failed conservative treatment consisted of medications, chiropractic treatment, and physical therapy and work restrictions. The diagnosis is lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. MRI of the lumbar spine dated 3/3/14 (the radiology report was not available for the review) revealed: multilevel degenerative disc disease from L3-S1; at L5-S1 5 mm left foraminal disc protrusion with abutment of the exiting left L5 nerve root and broad-based midline disc protrusion resulting in abutment of the descending S1 nerve roots, bilaterally with mild to moderate facet arthropathy; at L4-L5 central stenosis with 4 mm disc protrusion resulting in abutment of the descending L5 nerve roots, bilaterally as well as abutment of the exiting right and left L4 nerve roots.; at L3-L4 4 mm disc protrusion resulting in abutment of the descending L4 nerve roots, bilaterally, as well as abutment of the exiting right and left L3 nerve

roots. Treatment to date: physical therapy, chiropractic treatment, work restrictions and medications. An adverse determination was received on 8/5/14 given that the full progress note with physical examination findings was not received and there was a lack of supporting information necessary for the approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injections X 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The MRI of the lumbar spine dated 3/3/14 revealed neuroforaminal stenosis and nerve root compression. The physical examination performed on 7/8/14 revealed subjective and objective signs of radiculopathy in L4-L5 and L5-S1 nerve distributions. In addition, the patient tried and failed conservative therapy. Therefore, the request for Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injections x 2 was medically necessary.