

Case Number:	CM14-0138556		
Date Assigned:	09/05/2014	Date of Injury:	04/02/2009
Decision Date:	09/25/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 64 year old female with a work injury dated 4/2/09. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified. lumbar facet joint syndrome/hypertrophy, myalgia and myositis unspecified, insomnia, unspecified, bilateral neuroforaminal stenosis at L4-5. Under consideration is a request for lumbar epidural steroid injection to the L4-5, L5-S1. There is a primary treating physician report dated 7/7/14 which is handwritten and somewhat illegible. The document states that the low back pain persists. The patient had trigger point injections with mild relief. On exam there is tenderness to palpation of the lumbosacral paraspinals. There is (illegible) straight leg raise. Positive sciatica and pain with range of motion. The plan states that lumbar spine epidural is pending; there is a request for aquatic therapy; and a refill of Norco. A 6/19/14 exam states that she complains of constant pain in her lower back traveling 1to her bilateral lower extremities into the bilateral feet right more than left into the bilateral feet right more so than left. On exam Bechterew's test is positive on both sides. Heel Walk (L5) and Toe Walk (SI) are negative on both sides. SLR Seated test is positive bilaterally. Reflexes for the knees are diminished bilaterally. Reflexes for the hamstrings are diminished bilaterally. Reflexes for the ankles are diminished bilaterally. Sensation and strength are intact in the BLE. Palpation reveals paraspinal spasms. Palpation reveals spinal spasms. Palpation reveals exquisite tenderness to the SI bilaterally. Palpation reveals exquisite tenderness at the buttocks bilaterally. Palpation reveals tenderness at the pelvic brims bilaterally. Palpation reveals tenderness at the iliac crest bilaterally. The patient performed the bilateral straight leg raise to 30 degrees with referred pain into posterior thighs. The treatment plan included an epidural steroid injection at L4-5 and L5-S1. An MRI Lumbar spine dated 04/30/13 Impression: AI L4-5, there is 4 mm broad

disc bulge with posterior annular tear and mild facet hypertrophy, resulting in mild central narrowing with bilateral lateral recess narrowing. At L5-S1, there is 3 mm broad disc bulge with mild facet hypertrophy, resulting in minimal central narrowing. The documentation indicates that the patient has had prior lumbar epidurals in 2009. There is a primary treating physician report dated 7/7/14 which is handwritten and somewhat illegible. The document states that the low back pain persists. The patient had trigger point injections with mild relief. On exam there is tenderness to palpation of the lumbosacral paraspinals. There is (illegible) straight leg raise. Positive sciatica and pain with range of motion. The plan states that lumbar spine epidural is pending; there is a request for aquatic therapy; and a refill of Norco. A 6/19/14 exam states that she complains of constant pain in her lower back traveling 1 to her bilateral lower extremities into the bilateral feet right more than left into the bilateral feet right more so than left. On exam Bechterew's test is positive on both sides. Heel Walk (L5) and Toe Walk (S1) are negative on both sides. SLR Seated test is positive bilaterally. Reflexes for the knees are diminished bilaterally. Reflexes for the hamstrings are diminished bilaterally. Reflexes for the ankles are diminished bilaterally. Sensation and strength are intact in the BLE. Palpation reveals paraspinal spasms. Palpation reveals spinal spasms. Palpation reveals exquisite tenderness to the S1 bilaterally. Palpation reveals exquisite tenderness at the buttocks bilaterally. Palpation reveals tenderness at the pelvic brims bilaterally. Palpation reveals tenderness at the iliac crest bilaterally. The patient performed the bilateral straight leg raise to 30 degrees with referred pain into posterior thighs. The treatment plan included an epidural steroid injection at L4-5 and L5-S1. An MRI Lumbar spine dated 04/30/13 Impression: At L4-5, there is 4 mm broad disc bulge with posterior annular tear and mild facet hypertrophy, resulting in mild central narrowing with bilateral lateral recess narrowing. At L5-S1, there is 3 mm broad disc bulge with mild facet hypertrophy, resulting in minimal central narrowing. The documentation indicates that the patient has had prior lumbar epidurals in 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection to the L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: Lumbar Epidural Steroid Injection to the L4-5, L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal radiculopathy in the proposed distribution of injections on physical exam corroborated by imaging studies. The request for Lumbar Epidural Steroid Injection to the L4-5, L5-S1 is not medically necessary.