

Case Number:	CM14-0154936		
Date Assigned:	09/24/2014	Date of Injury:	11/07/2011
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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:

According to the provided documents, this patient is a 58-year-old man with a date of injury on 11/7/11. The disputed treatment is a right L5-S1 epidural injection that was addressed in a utilization review determination letter from 9/9/14. There is a 2/25/14 orthopedic AME that indicates patient injured his back while working at the top of a 12 foot ladder using a piece of hose to force material into a grinder. After 4 hours he felt a sharp pain or pop in the back. He has had conservative treatment with physical therapy x-rays, MRI was reportedly normal, and a cortisone shot that helped him for several months. He did return to duty in October 2012 and then re-injured the back January 2013. He was referred to orthopedic spine specialist after that; patient uses a TENS unit and also sees the current requesting physician (physical medicine and rehabilitation) about once a month who provides medications, as does the orthopedic spine specialist. The AME documented subjective complaints of constant pain in the lower back sometimes going down the back of the thigh and numbness in the right foot. Physical examination did not document any lower extremity neurologic complaints. That AME noted an MRI which was done of the low back on 4/30/13. This documented findings of multilevel degenerative disc disease and mild left neural foraminal stenosis without nerve root impingement at L3-4, L4-5 and L5-S1. The AME diagnoses are musculoligamentous sprain/strain, lumbar spine and degenerative disc disease, multilevel lumbar spine, pre-existing and work aggravated. Patient was felt to have been MMI at that time. There is an 8/29/14 Physical Medicine & Rehabilitation report that states there is complaint of low back pain with worsening right lower extremity pain, and that the patient was given Lyrica but had not taken the medication. He takes hydrocodone and Prilosec from the orthopedist. There is a subjective complaint of right leg pain and numbness that has returned and it has been interfering with walking and exercises. The last lumbar epidural steroid injection done in March had a 90% decrease in the shooting pain down

the right leg and the burning in the foot. Objective findings indicate there are spasms in the lumbar paraspinal muscles, limited range of motion, worsening of decreased sensation to touch in the right calf extending into the foot with decreased strength in dorsiflexion or plantar flexion. There is also a positive straight leg raise in the right. Treatment plan requests authorization for a right L5-S1 epidural injection and states that the last injection was over 5 months ago and 90% relief of the leg pain required less medications. The patient was able to walk further and do home chores. Diagnoses in that report were lumbar sprain/strain-worse, chronic pain syndrome-worse, and lumbosacral radiculitis-worse. There is no mention of any electrodiagnostic testing done in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

right L5-S1 Epidural Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, epidural steroid injections Page(s): 46.

Decision rationale: The current requesting report documents that there are decreased sensation to touch in the right calf extending into the foot with decreased strength in dorsiflexion or plantar flexion which are suggestive of right-sided L5-S1 nerve root dysfunction. However, the most recent MRI findings as documented in the AME did not show any objective corroboration for possible nerve root impingement on the right at those levels. There is no mention of EMG findings in the lower extremities. MTUS guidelines only support epidural steroid injections when there is a clinically evident radiculopathy that is corroborated by diagnostic testing such as MRI or EMG of lower extremities. Thus, based upon the evidence and the guidelines this is not considered to be medically necessary.