

Case Number:	CM14-0026659		
Date Assigned:	03/05/2014	Date of Injury:	10/30/2010
Decision Date:	06/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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:

Claimant was injured 11/15/2010. Complaints as of 9/4/2013 include neck pain with bilateral arm weakness; bilateral wrist and hand pain, weakness and poor coordination; low back pain and right knee pain. Exam on this date shows tenderness to palpation of the neck and upper back but with normal motor and sensory exam in both arms. There is also tenderness of the low back but there are no abnormalities to motor, sensory or reflex testing. The knee exam reveals full range of motion and normal ligamentous stability. Diagnoses are chronic posttraumatic injuries of the cervical spine, right knee and right wrist and hand. Lumbar magnetic resonance imaging is reported revealed moderate to severe left foraminal stenosis at L4-5. Physical therapy in the form of massage, therapeutic exercise and pain relief modalities were performed during visits in the record set that was reviewed. On 11/8/2013 the exam findings included mildly restricted neck motion, normal bilateral shoulder, elbow, and wrist and hand movements. Reflexes in the arms are 4+ and motor strength in both arms is normal. Grip strength is diminished in the right hand. Lumbar motion is restricted. Leg reflexes are 4+ and there is mild weakness of the right quadriceps. Diagnoses given include cervical and thoracic strains, internal derangement of the right knee and right 5th finger strain. On 1/2/2014 the primary treating physician exam reveals an antalgic gait, restricted cervical and lumbar motion, and a positive straight leg raise test on the right for low back pain. Knee range of motion is normal; there is a positive McMurray sign on the right and tenderness of the right medial joint line. There are no motor, sensory or reflex abnormalities. The exam is substantially unchanged by 1/30/2014 and 2/6/2014. Referral for epidural steroid injection is made.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 300, 309.

Decision rationale: The MTUS/ACOEM Guidelines allows for epidural steroid injections for radicular pain only. In this case, the claimant has no objective evidence for any type of radicular pattern in either leg, specifically there are normal findings to motor, sensory and reflex testing and pain in a non dermatomal distribution. Therefore, the request for a lumbar epidural steroid injection L4-5 is not medically necessary and appropriate.