

Case Number:	CM14-0027987		
Date Assigned:	04/23/2014	Date of Injury:	10/18/2012
Decision Date:	05/23/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/05/2014

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 and Rehabilitation, 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 patient is a 50 year old female who was injured on 10/18/2012. The patient was lifting an empty container from the ground. As she got up from a bent position and turned to her side, the patient felt a sharp pain in her low back area. Prior treatment history has included pain medication, physical therapy 2-3 times per week for one month, 12 sessions of acupuncture treatments which gave her temporary relief. Diagnostic studies reviewed include EMG/NCV dated 09/19/2013 of her back and legs were found to be normal. MRI of the lumbar spine dated 11/01/2013 revealed an increase in activity in the facets of L4/L5; this is likely arthritic. Primary treating physician's re-evaluation dated 12/17/2013 indicates the patient continues to complain of severe back pain and left leg numbness. On exam, the patient continued to exhibit rather marked pain behaviors. There is significant loss of lumbar motion, and in the supine position, she was not able to lift her leg more than 20 degrees of the table before she complained of severe pain. The patient remains permanent and stationary. There are no further recommendations to make of an orthopedic nature. It is stated that an epidural injection will not help this patient. She does not have a disc herniation, and she has a normal electrodiagnostic study of the lower extremities. Orthopedic consultation dated 01/27/2014 states on 12/17/2013, the patient was medically released. The patient states that she now wants to consider having an injection for her back. In December of 2013, the patient was in the shower and bent over. She had increased low back pain. She feels that she has reverted back to how she was prior to this incident. The patient states that a few weeks ago, she had another incident. The present status as related by the patient includes a complaint of low back pain. She had numbness going down her left leg to her left foot. She also has numbness in her left hand. Her medications include Elavil, Tramadol, Clonidine and Metoprolol for HTN; and Amitriptyline generic for Elavil to help with sleep. She is able to bend forward and come to within 2 feet of touching the ground with her fingertips. Sciatic tension test

is negative bilaterally. Bowstring test is negative bilaterally. Straight leg raise in the sitting position was to 70 degrees bilaterally, and elicited back complaints. Sensory examination was intact and motor examination was rated at 5/5. Reflexes are 2+ and symmetrical bilaterally. The patient is diagnosed with lumbar myofascial sprain/strain. An authorization is requested for an epidural injection to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI AT L3-4 AND L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

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

Decision rationale: The CPMTG recommend ESIs "as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The patient presented with complaints of severe back pain and left leg numbness with multiple providers. The physical examination on 12/17/2013 documents the patient to "exhibit rather marked pain behaviors" with significant loss of lumbar motion. The physician was unable to lift the patient's leg more than 20 degrees before she complained of severe pain. The patient switched doctors and on 01/27/2014 she had another orthopedic consult that showed a physical exam that was essentially normal with the exception of limited lumbar range of motion. Her sensory and motor examinations were normal, reflexes were 2 plus and symmetrical, sciatic tension test and bowstring test were negative bilaterally and the sitting straight leg raise elicited back complaints at 70 degrees. The patient had an EMG/NCV in September 2013 which was negative. The most recent MRI in November 2013 reported "increased activity in the facets of L4/L5, left greater than right. This is likely arthritic." Based on the lack of clear clinical signs of radiculopathy and non-corroborative findings on imaging, the request for a lumbar ESI is not medically necessary.