

Case Number:	CM14-0035956		
Date Assigned:	06/23/2014	Date of Injury:	11/05/2012
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas. 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 injured worker is a 40 year old male who was injured on 11/05/2012 due to falling from a balcony while working. The injured worker hit his head on a planter and left arm on a sprinkler. Injured worker is diagnosed with lumbar disc protrusion and lumbar degenerative disc disease. Most recent available physical exam dated 5/27/2014 revealed tenderness to palpation of the lumbar spine, guarding and spasm noted over the right paravertebral region, noticeable trigger point in the right lumbar paraspinal muscle. Manual muscle testing revealed 4/5 strength with flexion, extension and bilateral lateral bend. Range of motion was restricted due to pain and spasm. This note reports the injured worker is continuing his medications as recommended. The injured worker is prescribed Cyclobenzaprine HCL 7.5mg, Tramadol HCL ER 150 mg, naproxen sodium 550 mg, Terocin pain patch box and Ortho-Nesic gel. Clinical note dated 2/21/2014 indicates injured worker has completed 12 visits of physical therapy to date with minimal relief. MRI of the lumbar spine dated 6/21/2013 was available for review and demonstrated severe degenerative disc disease at L5-S1 with grade 1 anterolisthesis of L5 on S1, contributing to severe bilateral neural foraminal narrowing with mass effect on the exiting L5 nerve roots, a 2 mm diffuse disc bulge and mild facet arthropathy at L4-5 contributing to mild bilateral neural foraminal narrowing, and a 4 mm left paracentral/foraminal broad-based disc protrusion causing narrowing of the left lateral recess and moderate left neural foraminal narrowing at T11-12 with possible abutment of the exiting left T11 nerve root. Clinic note dated 2/21/2014 includes the injured worker's subjective complaint of pain associated with numbness and tingling in bilateral legs. Clinic note dated 5/27/2014 specifies this numbness and tingling is experienced in the fingers of the right hand, right foot, and right toes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections.

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

Decision rationale: The request for lumbar epidural injection at L4-5 was previously not granted citing that not enough physical examination findings or imaging studies that substantiated the existence of radiculopathy. The records provided for this review do now include the injured worker's documented subjective complaints of low back pain that radiates down the bilateral legs and into the right foot. This pain is accompanied by numbness and tingling in the right foot and right toes. The imaging studies demonstrate severe foraminal stenosis with mass effect on the L5 nerve root. The documentation provided for review also indicates comprehensive treatment to include NSAIDs and physical therapy have failed. Based on the guidelines outlined in Chronic Pain Medical Treatment Guidelines and the documentation submitted for review, a lumbar epidural injection at L4-5 is recommended as medically necessary.