

Case Number:	CM14-0038114		
Date Assigned:	07/02/2014	Date of Injury:	09/05/2013
Decision Date:	08/19/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 62 year old male who reported an injury to his low back. The clinical note dated 02/25/14 indicates the injured worker's job requirements required continual bending and lifting equipment resulting in the low back pain. The injured worker reported ongoing back pain with stiffness. Prolonged standing, walking and sitting all exacerbated the injured worker's pain. The injured worker rated the pain as 6-7/10. The note indicates the injured worker utilizing Anaprox, Terocin patches and Ultram for pain relief. Tenderness was identified upon palpation over the lumbar paravertebral area with moderate spasms. Tenderness was also identified over the sacroiliac joints bilaterally. Range of motion deficits was identified throughout the lumbar spine to include 30 degrees of flexion, 5 degrees of extension, bilateral lateral flexion, as well as bilateral rotation. Positive straight leg raises were identified also bilaterally. There is an indication that the injured worker has undergone an magnetic resonance image which revealed disc protrusions at L3-4, L4-5, and L5-S1 with evidence of foraminal stenosis bilaterally at all levels. The injured worker was recommended for an epidural steroid injection at that time. The magnetic resonance image of the lumbar spine dated 09/25/13 revealed a diffused disc bulge measuring roughly 3mm in diameter at L4-5. Severe right and moderate left neuroforaminal stenosis was identified as well as mild spinal canal narrowing. The psychological evaluation dated 01/03/14 indicates the injured worker having complaints of moderate anxiety and depression. There is an indication the injured worker had undergone a period of sleep disturbance. However, the injured worker reported an improvement in this area. The clinical note dated 09/19/13 indicates the injured worker having initiated chiropractic manipulation as well as having been prescribed physical therapy. Upon exam, 4- to 4+ strength was identified at the left

extensor hallucis longus as well as the tibialis anterior and the gastrocnemius muscles. Reflexes were absent at both Achilles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two L4-5 Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The documentation indicates the injured worker complaining of lumbar region pain with associated strength and reflex deficits in the lower extremities. An epidural steroid injection is indicated for injured workers who continue with symptoms following a full course of conservative therapy and the imaging studies confirm the injured worker's neurocompressive findings. There is an indication the injured worker is experiencing radiculopathy in the lower extremities manifested by reflex and strength deficits. However, a 2nd epidural steroid injection is indicated following the documented positive response following the 1st injection. Therefore, the request for 2 epidural injections is not fully indicated without the patient's positive response from the initial injection. Therefore, this request is not indicated as medically necessary.