MAXIMUS Federal Services

Case Number:	CM14-0063161		
Date Assigned:	07/11/2014	Date of Injury:	01/01/2008
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 injured worker is a 53-year-old male who reported injury on 01/01/2008 due to repetitive work as a gardener and caretaker. The injured worker has diagnoses of chronic low back pain, chronic bilateral leg pain, major depressive disorder, and adjustment disorder with anxious features. The injured worker's past medical treatment includes cognitive behavioral therapy, biofeedback, neuromuscular reeducation, pain management, physical therapy, lumbar epidural injections, and medication therapy. An MRI of the lumbar spine dated 06/04/2013 revealed that the injured worker had multilevel degenerative disc disease with facet atrophy. It also showed that there was a broad 6-7 mm central and right lateral recess with moderate right foraminal stenosis on the L4-L5. There appeared to be a broad 6-7 mm central and right lateral disk protrusion with annular tear and osteophytes at the L5-S1 level. The injured worker is status post T12-L1 laminectomy. The injured worker complained of thoracic and lumbosacral spine pain. The injured worker also complained of bilateral knee pain. The injured worker stated that he had been taking his medications on a regular basis, but it did not specify in the submitted report what pain levels were before and after medication. The injured worker rated his pain at a 4-5/10 on the pain scale day of visit, dated 02/07/2014. Physical examination dated 02/07/2014 also revealed that the injured worker's lumbar spine had moderate tenderness over the lumbar paraspinous muscles, as well as moderate facet tenderness at the levels of L2-4. The exam also revealed that with sacroiliac tenderness, Fabere's, sacroiliac thrust, and Yeoman's test were positive on the left side and negative on the right side. The injured worker also revealed a positive Kemp's test bilaterally. Range of motion revealed flexion of 60 degrees bilaterally, extension at 10 degrees, and lateral bending of 20 degrees bilaterally. Sensation was intact as to pain, temperature, light touch, vibration, and 2 point discrimination in all dermatomes. Lower extremity and muscle testing revealed plantar flexors as S1, foot everters S1, foot invertors L5, big toe extensors L5,

knee extensors and hip flexors L2-3 were 5/5 bilaterally. The injured worker's medications include Norco, quazepam, and trazodone. The duration, frequency, and dosage were not submitted in the report. The treatment plan was for a lumbar epidural steroid injection at the L4-L5, and L5-S1 region of the injured worker's lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend epidural steroid injections for patients with radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Radiculopathy is defined as significant alteration in the function of a nerve root or nerve roots and usually caused by pressure on one or several nerve roots. The injured worker did not have objective findings of radiculopathy or a diagnosis of radiculopathy documented on the most recent note dated 02/07/2014. The injured worker had intact motor and neurological exam findings. As such, the request for lumbar epidural steroid injections at L4-5 and L5-S1 are not medically necessary.