

Case Number:	CM14-0066019		
Date Assigned:	07/11/2014	Date of Injury:	04/14/2011
Decision Date:	08/20/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Illinois. 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 66-year-old male who reported an injury on 04/14/2011. The mechanism of injury occurred when the injured worker stepped down out of his work delivery truck with his right leg and immediately felt pain to his right knee. The injured worker complained of pain to the lower back that radiated into the left groin and left buttock. He rated his pain 3/10. He described his pain as numbing and aching. On 01/27/2014, the physical examination revealed moderate tenderness at the left lower lumbar paraspinal muscle and the right lower lumbar paraspinal muscle. He walked with a slight antalgic gait. His right and left hip flexion strength score was rated 5/5. There was no sensory exam documented. The physician stated that the injured worker's exam did show moderate axial findings with no radicular findings on examination. On 04/22/2014, the injured worker complained of low back pain that radiated down his left lower extremity. On examination moderate tenderness was noted in the left and right lower lumbar paraspinal muscles. His left and right hip flexion strength at L2 was rated 5/5, and he continued to have a slightly antalgic gait. The injured worker had an MRI of the lumbar spine on 04/02/2013 which revealed multilevel degenerative changes in the lumbar spine. There was increased fat in the dorsal canal which does impress the dorsal thecal sac at L2-3, L3-4, and L4-5. He had mild facet hypertrophy and mild bilateral foraminal narrowing at L4-5. Also, there was disc degeneration with mild left foraminal narrowing at L5-S1. The injured worker had diagnoses of back pain, radiculitis, cervical radiculopathy, and sciatica, spinal stenosis with neurogenic claudication, lumbar degenerative disc disease, and degenerative joint disease of the spine. The past treatment methods included a caudal epidural steroid injection on 01/13/2014, chiropractic treatment and right knee surgery. The injured worker stated the injection gave him 50% pain relief for 10 days. The injured worker's medications included aspirin 81 mg, Losartan

100 mg, Norco 10/325 mg, and rosuvastatin 40 mg. The rationale was not submitted for review. The request for authorization form was dated 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection left L2-3 with sedation, quantity one: Upheld

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

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

Decision rationale: The request for Transforaminal epidural injection left L2-3 with sedation, quantity one is non-certified. The injured worker had a history of low back pain and right knee pain. The CA MTUS guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. The documentation indicated that the caudal epidural injection gave the injured worker 50% of relief for 10 days. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. Given the above, the request for Transforaminal epidural injection left L2-3 with sedation, quantity one is non-certified.