

Case Number:	CM14-0076219		
Date Assigned:	07/16/2014	Date of Injury:	11/20/2008
Decision Date:	09/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/26/2014

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 58-year-old male who sustained work-related injuries on November 20, 2008. The qualified medical evaluator evaluation report dated May 6, 2014 indicated that the injured worker complained of constant mid and lower back pain. Bending and lifting increased his symptoms. He described his lower back pain as radiating into the left leg with occasional numbness and tingling sensation to both feet. Pain was increased when coughing or sneezing. He also reported limited tolerance with sitting and standing which caused him to change positions frequently. Lumbar spine examination noted complaints of tenderness at the mid-lumbar region extending to the sciatic notches left and right and through the course of the left sciatic nerve. His range of motion was limited with pain and stiffness. Some spasm was noted in the lumbar paraspinal muscles with extension. He can perform heel-toe walk but complained of increased lumbar pain. Sensory examination revealed patchy numbness with pinwheel on the right, most pronounced over the medial foot but not extending into the leg. Straight leg raising test produced lumbar pain at 45 degrees on the left and right seated and supine with right-sided leg radiation. Axial compression increased low back pain and rotation of the spine with pelvis fixed increased low back pain. Light touch of the skin of the neck and back caused considerable pain behavior. A magnetic resonance imaging scan of the lumbar spine dated May 7, 2013 revealed very minor discogenic change with degenerative end-plate ridging. There is no central or foraminal stenosis. He was diagnosed with: (a) chronic discogenic neck pain with left cervical radiculopathy; (b) cervical disc protrusions, C5-6 and C6-7 per magnetic resonance imaging scan; (c) Chronic Discogenic thoracic pain; (d) Degenerative disc disease, thoracic spine, with annular disc protrusion T3-4 and T4-T5; and (e) chronic musculoligamentous low back pain. This is a review regarding the requested bilateral transforaminal epidural steroid injection (ESI) or epidural steroid injection of the L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal ESI Lumbar 5-Sacral 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

Decision rationale: Evidence-based guidelines indicate that epidural steroid injections are indicated to reduce pain and inflammation, restore range of motion, and avoid surgery. However, evidence-based guidelines set selection criteria to be used as a screening tool before authorization of epidural steroid injections. Guidelines indicate that (a) radiculopathy must be documented by physical examination and is further corroborated by imaging studies and electrodiagnostic testing; and (b) initially unresponsive to conservative treatment (exercises, physical methods, non steroidal anti-inflammatory injections and muscle relaxants). Although there is subjective data that the injured worker is complaining of constant low back pain, the physical findings only indicate patchy numbness with neurological examination, which does not correlate with the provided diagnostic studies. Due to compelling evidence, the clinical presentation of the injured worker does not satisfy the criteria established by evidence-based guidelines for epidural steroid injections. Therefore, the request is not medically necessary.