

Case Number:	CM14-0079672		
Date Assigned:	09/05/2014	Date of Injury:	12/17/2013
Decision Date:	10/09/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 31 year old male injured on December 17, 2013 due to loading 900 pounds of rebar onto a work truck. Clinical note, dated August 18, 2014, indicate the injured worker continues with complaints of low back pain with pinching and burning sensation radiating to the left buttocks, hip, and foot. Pain rated as 8 out of 10 with medications and 10 out of 10 without medications. Medications include Anaprox 550mg, Zanaflex 4mg, and Norco 10/325. The injured worker request change in medication regimen for to increase pain relief. Physical exam of the lumbar spine and lower extremities shows mild antalgic gait, decreased sensory over left L3 dermatome, no tenderness at the paravertebral muscles, no tenderness over sacroiliac joints, no tenderness over flanks, and no tenderness over sciatic notches. Range of motion: flexion 18 degrees, extension 8 degrees, left lateral bend 22 degrees, right lateral bend 20 degrees. Hip flexion/abduction, 5/5. Straight leg raise negative bilaterally. Electrodiagnostic studies (EMG/NCV) of lumbar sacral paraspinals, on June 18, 2014, revealed no acute or ongoing denervation and no electrophysiological evidence of involvement of motor axons at lumbosacral root level. MRI of the lumbar spine dated March 19, 2014, revealed degenerative change with central disc protrusion at L4-L5 with mild dural compression. Diagnoses include L4-L5 facet arthropathy, disc degeneration, and left leg radiculopathy. Clinical note by primary treating physician state epidural steroid injections prescribed by pain specialist, were noted to fail to relieve the injured workers back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 intralaminar epidural steroid injection, 2 injections (1 month apart): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI, Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is little to no clear evidence of radicular symptoms in a nerve root distribution corroborating with imaging evidence of a nerve root compression. There is no documentation of trial and failure of conservative management such as physiotherapy for a reasonable period of time. Therefore, the medical necessity of the request for ESI is not established.