

Case Number:	CM14-0091344		
Date Assigned:	07/25/2014	Date of Injury:	08/01/2012
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 56-year-old female who reported an injury on 08/01/2012 due to a slip and fall at work. The injured worker was diagnosed with chronic lumbar strain, rule out disc herniation and right lower extremity radicular pain. Prior treatments included 6-8 physical therapy sessions with 4 sessions of acupuncture. An electromyography (EMG) of the bilateral lower extremities conducted on 03/17/2014 which was negative for radiculopathy, a central spine EMG showed normal findings, and an H wave study of the tibial nerves was negative. On 03/03/2014, a cervical magnetic resonance imaging (MRI) was performed which was normal. A lumbar spine x-ray was performed on 01/02/2013, which indicated normal findings. The clinical note dated 02/27/2014 noted the injured worker complained of difficulties with activities of daily living. The injured worker noted continuous lumbar spine pain which radiated down the bilateral lower extremities, extending to the calves. She denied numbness or tingling in her legs or feet. She rated her lumbar spine pain at 7/10, and indicated it increased with prolonged sitting, standing, and walking activities. The injured worker had difficulty with forward flexion, extension, and rotation. The physician's exam further noted lumbar flexion was 30/60, extension was 10/25, right lateral bending was 10/25, and left lateral bending was 20/25. Palpation of the lumbar paraspinal muscles revealed tenderness and hypertonicity bilaterally. The injured worker had a positive straight leg raise on the right at 60 degrees and a negative straight leg raise on the left and Kemp's test was positive bilaterally. Muscle strength was 5/5 in the L4 muscle groups bilaterally, muscle strength was 4/5 on the right side in the L5-S1 muscle groups, and 5/5 on the left side in the L5-S1 muscle groups. Deep tendon reflexes were +2/+2 in the L4 muscle groups bilaterally, and sensation was normal in the L4 muscle groups and decreased in the L5-S1 muscle groups bilaterally. The injured worker's medication regimen included Captopril, Losartan, Tylenol, Ultram, and Keratek analgesic gel. The treatment plan by the physician was to continue

with medications and await radiographic studies. The physician is requesting a left epidural steroid injection at L4-5 due to right lower extremity radicular pain. The request for authorization form was not submitted for review with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 LESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Spinal Injections, Criteria for Use Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment exercises, physical methods, non steroidal anti-inflammatory drugs (NSAIDs) and (muscle relaxants) and injections should be performed using fluoroscopy (live x-ray) for guidance. The injured worker was unresponsive to conservative treatment. The physician noted the injured worker had right lower extremity radicular pain, a positive Kemp's test, and a positive straight leg raise test on the right; however, there is no documentation indicating the injured worker has any significant weakness, decreased reflexes, and decreased sensation. An electromyography (EMG) of the bilateral lower extremities conducted on 03/17/2014 was negative for radiculopathy, a central spine EMG showed normal findings, and an H wave study of the tibial nerves was negative. A lumbar magnetic resonance imaging (MRI) was not provided. There is a lack of documentation indicating the injured worker has significant objective findings indicative of neurologic deficit which are corroborated by imaging studies. As such, the request is not medically necessary and appropriate.