

Case Number:	CM14-0094318		
Date Assigned:	07/25/2014	Date of Injury:	11/15/2012
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 Texas and Ohio. 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 51-year-old female who reported injury on 11/15/2012. The diagnoses included lumbar disc displacement with myelopathy. The mechanism of injury was the injured worker slipped over a comb and fell on the ground landing on her left arm and shoulder. The prior treatments included x-rays, pain medications and physical therapy. The surgeries were noncontributory. The injured worker underwent an MRI of the lumbar spine with flexion and extension on 10/15/2013 that revealed at the level of the L4-5. There was a diffuse disc bulge effacing the thecal sac and bilateral transiting nerve roots resulting in bilateral neural foraminal stenosis with compression to the left exiting nerve and encroachment on the right exiting nerve. There was bilateral facet degeneration. The ligamentum flavum was normal. There was no spinal canal stenosis. In neutral the injured worker was noted to have 3.3 mm, in extension there was motion artifact limiting evaluation and in flexion 3.0 mm. Current medications were noted to be hydrocodone. The documentation of 03/20/2014 revealed the injured worker had pain in the upper back between the shoulder blades and low back pain and stiffness. The injured worker indicated that pain radiated to the bilateral lower extremities with numbness, tingling and weakness. The low back pain increased with prolonged standing, walking, sitting, lifting, twisting, pulling, squatting, and stooping. The physical examination revealed the injured worker had a normal gait and was able to ambulate without a cane. The injured worker was able to perform a toe and heel walk with pain in the back. There was tenderness to palpation over the lumbar paravertebral and thoracic area with moderate spasms. There was tenderness over the paraspinal muscles over the lower lumbar spine. The straight leg raise was negative bilaterally. The faber test was negative bilaterally. The sensation was noted to be intact on the right and decreased on the left lateral calf and posterior calf/outer foot. The diagnoses included multilevel

lumbar disc protrusions, and lumbar radiculopathy. The treatment plan included an epidural steroid injection at L4-5. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-5: 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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are objective findings of radiculopathy upon physical examination that are corroborated by MRI or EMG/NCV studies. There should be documentation of a failure of conservative care including physical therapy, NSAIDS and muscle relaxants. The clinical documentation submitted for review indicated the injured worker was currently utilizing Soma and there was no specific documentation of a failure of conservative care. The request, as submitted, failed to indicate whether the request was for bilateral or unilateral findings. The physical examination would support a left sided epidural steroid injection. Given the above, the request for lumbar epidural injection at L4-5 is not medically necessary.