

Case Number:	CM14-0096012		
Date Assigned:	07/25/2014	Date of Injury:	04/30/2012
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 63 year old male who sustained an injury to his low back on 04/30/12 while he was using a (idiot stick) to remove tile from a floor. The injured worker reported the stick to be about 6 feet long crow bar type device that weighs about 30-40 pounds. He reported that he began experiencing neck, mid and low back pain as well as pain in his elbows. The injured worker sustained an exacerbation of symptoms in June of 2013 when he was lifting a desk with another person, he felt a sharp pain in his low back which "almost dropped me to the ground". Physical examination noted lumbar flexion 60 degrees, extension 18 degrees, left lateral bending 16 degrees, right lateral bending 22 degrees; straight leg raising positive right at 45 degrees, left 60 degrees; however, no radicular symptoms were produced; Kemp's testing produced increased pain from the thoracolumbar to the lumbosacral junction; reflexes were weak and physiologic at 2+; muscle testing 5/5 bilaterally; heel/toe walk normal; palpation of the bilateral lumbar paravertebral and bilateral iliocostalis lumborum musculature revealed pain and hypertonicity with trigger points noted in the iliocostalis lumborum musculature bilaterally. MRI of the lumbar spine without contrast dated 08/09/13 revealed straightening of the lumbar spine, which may be positional or related to spasms, degenerative disc and facet joint disease; 4-5 mm broad based central and right paracentral disc protrusion at L5-S1 causing effacement of the thecal sac and mild right lateral recess narrowing; there are hypertrophic changes in the facet joints present; mild narrowing of the inferior recess and bilateral neural foramina.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation AMA (American Medical Association) Guides, 5th Edition, Page 382-383

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

Decision rationale: The previous request was denied on the basis that there was documentation of failure of conservative treatment; however, despite nonspecific documentation of subjective findings, there was no specific documentation of subjective radicular findings in the requested nerve root distribution. In addition, given documentation of objective findings, there was no documentation of objective radicular findings in the requested nerve root distribution. The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging study provided for review did not correlate with recent physical examination findings of an active radiculopathy in the L5-S1 level. Given this, the request for lumbar epidural steroid injection at L5-S1 is not indicated as medically necessary.