

Case Number:	CM14-0206288		
Date Assigned:	12/18/2014	Date of Injury:	07/26/2013
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 65 year old male with an injury date of 07/26/13. Based on the 11/19/14 progress report provided by treating physician, the patient complains of lower back pain (unrated) which radiates to the bilateral extremities, right greater than left. Patient has had no surgical interventions directed at this complaint. Physical examination dated 11/19/14 revealed tenderness to palpation to the lumbar paraspinal muscles and sciatic notch region. Trigger points and taut bands are noted throughout the lower back, in addition to positive straight leg raise test bilaterally and decreased sensation to the lateral calf bilaterally. The patient is currently prescribed Anaprox and Priosec. Patient's is classified as temporarily partially disabled for six weeks, as of 11/19/14 progress note. Diagnostic imaging was not included, though progress note 11/19/14 references a 06/21/14 MRI, noting: "multilevel disc disease including a 6.3mm disc bulge at L4-5". The same progress note also references electrodiagnostic study of the lower extremities, noting: "findings of acute L5 radiculopathy on the right."Diagnosis 11/19/14- Cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, right greater than left.- Bilateral shoulder syndrome with partial right rotator cuff tear with arthroscopy December 2012.- Lumbar spine myoligamentous injury with bilateral lower extremity radiculopathy, right greater than left.- Right shoulder myoligamentous injury status post clavicle resection- Chronic bilateral thumb and wrist arthritis and plantar fasciitis- Medication-induced gastritisThe utilization review determination being challenged is dated 11/13/14.Treatment reports were provided from 12/27/13 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI Bilateral L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46, 47.

Decision rationale: The patient presents with lower back pain (unrated) which radiates to the bilateral extremities, right greater than left. Patient has had no surgical interventions directed at this complaint. The request is for LUMBAR ESI BILATERAL L5-S1. Physical examination dated 11/19/14 revealed tenderness to palpation to the lumbar paraspinal muscles and sciatic notch region. Trigger points and taut bands are noted throughout the lower back, in addition to positive straight leg raise test bilaterally and decreased sensation to the lateral calf bilaterally. The patient is currently prescribed Anaprox and Prilosec. Patient is classified as temporarily partially disabled for six weeks, as of 11/19/14 progress note. Diagnostic imaging was not included, though progress note 11/19/14 references a 06/21/14 MRI, and an undated electrodiagnostic study of the bilateral lower extremities. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, the treater is requesting a bilateral lumbar ESI for the management of this patient's intractable chronic lower back pain with radiating leg symptoms. Examination from 11/19/14 showed positive SLR's bilaterally, MRI showed 6.3 mm disc herniation at L4-5 and an EMG was positive for right L5 acute radiculopathy. There is no documentation that the patient has tried an ESI in the past. Therefore, this request IS medically necessary.