

Case Number:	CM14-0206879		
Date Assigned:	12/18/2014	Date of Injury:	02/28/2014
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab 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:

This 59 year-old courthouse bailiff sustained an injury on 2/28/14 while employed by the [REDACTED]. It was reported the patient developed low back pain over the course of work activities without specific injury as she wears heavy equipment and ballistic vest and gun belt. Request(s) under consideration include Right-sided Epidural Steroid Injection at L3-4. Diagnoses include thoracic/ thoracolumbar intervertebral disc degeneration/ disc displacement without myelopathy; and lumbar sprain/strain. Conservative care has included medications, therapy, chiropractic treatment, traction and inversion table, massage therapy, and modified activities/rest. Initial Orthopedic evaluation of 9/17/14 from the provider noted the patient continues with chronic low back pain radiating into the left buttock; denies radiation distal to buttock and denies numbness, tingling and weakness. Exam showed lumbar spine is nontender; full lumbar range without pain; negative SLR bilaterally; motor strength 5/5 in the lower extremities with normal reflexes bilaterally. There is tenderness at PSIS to sciatic notch area. Recommendations noted "She does not have any signs or symptoms of radiculopathy; The patient clearly has preexistent degenerative findings noted on the MRI scan; She is not an ideal candidate for epidural steroid injections because of axial component of her pain." Report of 10/10/14 from the occupational provider noted ongoing low back pain. Exam showed negative SLR, normal reflexes, normal gait with full hip range of motion. Treatment included continuing with acupuncture to finish six sessions. Chiropractic report of 11/5/14 noted low back pain with radiation into right leg. Exam showed positive right SLR with decreased sensation in right L4-5 dermatomes. Treatment included lumbar epidural injection. The request(s) for Right-sided Epidural Steroid Injection at L3-4 was non-certified on 11/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided Epidural Steroid Injection at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: This 59 year-old courthouse bailiff sustained an injury on 2/28/14 while employed by the [REDACTED]. It was reported the patient developed low back pain over the course of work activities without specific injury as she wears heavy equipment and ballistic vest and gun belt. Request(s) under consideration include Right-sided Epidural Steroid Injection at L3-4. Diagnoses include thoracic/ thoracolumbar intervertebral disc degeneration/ disc displacement without myelopathy; and lumbar sprain/strain. Conservative care has included medications, therapy, chiropractic treatment, traction and inversion table, massage therapy, and modified activities/rest. Initial Orthopedic evaluation of 9/17/14 from the provider noted the patient continues with chronic low back pain radiating into the left buttock; denies radiation distal to buttock and denies numbness, tingling and weakness. Exam showed lumbar spine is nontender; full lumbar range without pain; negative SLR bilaterally; motor strength 5/5 in the lower extremities with normal reflexes bilaterally. There is tenderness at PSIS to sciatic notch area. Recommendations noted "She does not have any signs or symptoms of radiculopathy; the patient clearly has preexistent degenerative findings noted on the MRI scan; she is not an ideal candidate for epidural steroid injections because of axial component of her pain." Report of 10/10/14 from the occupational provider noted ongoing low back pain. Exam showed negative SLR, normal reflexes, normal gait with full hip range of motion. Treatment included continuing with acupuncture to finish six sessions. Chiropractic report of 11/5/14 noted low back pain with radiation into right leg. Exam showed positive right SLR with decreased sensation in right L4-5 dermatomes. Treatment included lumbar epidural injection. The request(s) for Right-sided Epidural Steroid Injection at L3-4 was non-certified on 11/13/14. Review indicated two recent reports from orthopedist on 9/17/14 and occupational health provider on 10/10/14 without any neurological deficits identified on examination noting intact motor strength of 5/5, intact sensation and DTRs without even radiating pain beyond buttock. Orthopedic evaluation specifically noted the patient is without radicular symptoms or clinical findings noting lack of indication for LESI. In contrast, current chiropractic exam of 11/5/14 noted decreased sensation with request for LESI. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without any motor or sensory deficits or radicular signs. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making

overall improvement with acupuncture treatment. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Right-sided Epidural Steroid Injection at L3-4 is not medically necessary and appropriate.