

Case Number:	CM14-0083273		
Date Assigned:	07/21/2014	Date of Injury:	02/05/2004
Decision Date:	01/05/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 Family Medicine 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:

The injured worker is a 60-year-old female who experienced an industrial injury 02/05/04. The mechanism of injury was noted on the EMG/nerve conduction study (NCS) report dated 12/05/13. It was noted the patient sustained cumulative trauma to her lower back, legs and midback due to repetitive work as a CNA. In addition, she complained of occasional numbness and tingling. The EMG/nerve conduction study (NCS) revealed a normal NCS but an abnormal EMG which was suggestive of a bilateral chronic active L5-S1 radiculopathy, left side greater than right side. There were numerous follow-up office visit reports available for review. Each visit revealed similar subjective complaints and objective findings. The most recent was 04/21/14 when the patient was seen for complaints of lower back pain. She reported new pain of the back pain radiating down her left leg to her knee. She had decreased feeling in her left lower extremity. She reported she had been falling due to the decreased sensation in her leg and the leg pain was much worse than her lower back pain. The physician's objective findings noted positive tenderness to palpation midline, bilateral paraspinals, and the right sacroiliac joint. Left straight leg raise was 35 degrees, right straight leg raise 60 degrees was limited by pain; flexion and extension were limited bilaterally due to pain. Sensation was noted to be decreased in the L4-L5 and S1 distribution on the left side approximately 40 percent more than the right side. Diagnoses were degeneration of lumbar or lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. Treatment recommendation was to proceed with a lumbar epidural steroid injection. The worker underwent a two level lumbar epidural myelogram 04/22/14 due to her ongoing complaints of severe low back and right leg pain. Pain level was rated 9 on 0-10 scale and physical therapy, conservative therapies and other modalities failed for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter, Chapter 9 Shoulder Complaints Page(s): 589-592, Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: Regarding the request for lumbar spine epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Patient had an abnormal EMG which was suggestive of a bilateral chronic active L5-S1 radiculopathy, left side greater than right side. Patient reported new pain of the back pain radiating down her left leg to her knee. She had decreased feeling in her left lower extremity. She reported she had been falling due to the decreased sensation in her leg and the leg pain was much worse than her lower back pain. Pain level was rated 9 on 0-10 scale and physical therapy, conservative therapies and other modalities failed for pain control. The request is reasonable and in accordance with guidelines.