

<b>Case Number:</b>	CM15-0166040		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, Hawaii

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 injured worker was a 44-year-old male, who sustained an industrial injury, September 5, 2014. The injury was sustained when the sensor on the forklift was not working properly, as a result the injure worker was going back and forth close to the sensor until it could pick up the presentence of the forklift. When the roll of paper came from the system, it did not function correctly and come down with force, hitting the forklift and the forklift and the injured worker were shaken. The injured worker previously received the following treatments random toxicology laboratory studies on February 23 2015 were negative for any unexpected findings, Ibuprofen, Prilosec, Norco, Nitrates, Tylenol, Lorazepam, cervical spine x-rays, physical therapy, chiropractic services, EMG and NCS (electro diagnostic studies and nerve conduction studies) of the bilateral upper extremities showed mild right carpal tunnel syndrome, lumbar spine MRI which showed disc protrusion at L5-S1. The injured worker was diagnosed with cervical sprain and or strain, lumbar strain, 2mm disc protrusion with mild facet arthropathy L5-S1 without stenosis, severe radiculopathy left S1 mild L4 and L5 radiculopathy. There was no right sided radiculopathy per EMG and NCS (electro diagnostic studies and nerve conduction studies) on December 12, 2014. The physical exam noted the injured worker walked with an antalgic gait. The lower back pain extended into the left lower extremity. There was pain and numbness in the bottom of the left foot, involving the little and forth toes. The cervical spine noted pain and muscle spasms at the C5-C6 and C6-C7 with pain extending in both arms, both shoulders, both forearms, and the ulnar side of both hands. The range of motion in the cervical spine was limited, the anterior flexion was 30 degrees, right tilt was 20 degrees, left was 10

degrees, the right rotation was 20 degrees and left was 10 degrees. The extension was 5 degrees. The injured worker complained of a headache at the top of the head. The lower back with had pain and muscle spasms at the L4-L5 and particularly at L5-S1 level with palpation. The pain extended into the buttocks. On the left side the pain extended all the way to the left ankle. The range of motion of the lower back was limited to anterior flexion of barely 60 degrees, right tilt of 15 degrees, left tilt of 10 degrees, right rotation of 15 degrees and left at 10 degrees and extension of 10 degrees. The straight leg raises were positive at 60 degrees on the right and 40 degrees on the left. The injured worker had occasional lumbar radiculopathy, worse on the left than the right. According to progress note of June 10, 2015, the injured worker's chief complaint was cervical neck pain with radiation into the upper extremities. The injured worker rated the cervical pain 7 out of 10 and right arm pain at 6 out of 10. The low back pain localized to L4-L5 was rated at 8-9 out of 10. The left leg pain was rated at 8-9 out of 10. The treatment plan included lumbar epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar epidural steroid injection:** 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 injections (ESIs) Page(s): 46.

**Decision rationale:** The patient presents with cervical neck pain with radiation into the upper extremities. The current request is for Lumbar epidural steroid injection. The treating physician states, in a report dated 06/10/15, "This patient has mostly problems confined to the cervical spine and lumbar spine. At the level of the cervical spine, he is suspicious of having disc protrusion at the level of C5-C6 and C6-C7 with occasional bilateral cervical radiculopathy, but predominately on the left. At the level of the lower back, the patient has a clinical picture documented with MRI showing disc protrusion at L5-S1. The patient does have additional derangement and clinical findings in favor of involvement of L4-L5 as well. The patient has occasional lumbar radiculopathy, particularly worse on the left." (75B) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician, based on the records available for review, has documented that lumbar radiculopathy is present in this patient and the MRI report indicates that derangement is seen. Unfortunately, the request is not specific enough; the IMR application does not specify a level for the epidural steroid injection. This is in violation of the IMR rules. The current request is not medically necessary.