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| Case Number: | CM15-0169845 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 11/24/2013 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male sustained an industrial injury to the neck on 11-24-13. The injured worker sustained an industrial injury with subsequent low back pain. Previous treatment included lumbar support, home exercise and medications. Magnetic resonance imaging lumbar spine (10-10-14) showed disc bulge with facet and ligamentum flavum hypertrophy with bilateral neural foramen narrowing without nerve root impingement at L4-5, anterolisthesis with disc bulge and left foraminal stenosis without nerve root impingement at L5-S1 and degenerative disc disease without nerve root impingement at L3-4. Electromyography and nerve conduction velocity test left lower extremity (4-10-15) was normal, consider meralgia paresthetica. In a PR-2 dated 7-30-15, the injured worker complained of severe pain in the low back associated with muscle spasms, burning numbness in the left thigh and numbness and pain in bilateral feet when sitting. Physical exam was remarkable for lumbar spine with markedly restricted and painful range of motion in all planes. The injured worker appeared uncomfortable, rose from sitting to standing slowly but without difficulty, walked with a slow and guarded gait and limped on the right leg. Current diagnoses included cervical spine strain, advanced cervical spine spondylosis, moderated cervical spine stenosis, lumbar strain, lumbar disc protrusion, lumbar spine degenerative disc disease, bilateral carpal tunnel syndrome, memory loss due to head trauma and possible left meralgia paresthetica. The physician noted that the injured worker underwent an agreed medical evaluation on 6-18-15 with recommendation for lumbar epidural steroid injection at L4-5. The treatment plan included left L4-5 epidural steroid injection with transforaminal approach and

continuing home exercise. On 8-14-15, Utilization Review noncertified a request for lumbar epidural steroid injections at L4-L5 noting lack of documentation of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in November 2013 and is being treated for low back pain with left anterior thigh burning and numbness. Electrodiagnostic testing in April 2014 was negative and recommended evaluation for meralgia paresthetica. When seen, there was a normal BMI. There was cervical and lumbar paraspinal muscle tenderness. There was decreased and painful lumbar range of motion. There was decreased left lower extremity sensation with positive left straight leg raising and Lasegue testing. There was decreased and painful right hip range of motion. An MRI of the lumbar spine in October 2014 included findings of multilevel disc bulging with mild to moderate foraminal stenosis with left lateralization at L5- S1. An epidural steroid injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation with positive straight leg raising and Lasegue testing and imaging is reported as showing findings that correlate with his left sided symptoms and the physical examination findings. The requested epidural steroid injection was medically necessary.