

Case Number:	CM15-0083479		
Date Assigned:	05/05/2015	Date of Injury:	10/07/2013
Decision Date:	06/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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

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 40 year old male, who sustained an industrial injury, October 7, 2013. The injury was sustained when the injured worker was on a roof setting plywood when the injured worker stepped on another piece of plywood, which caused the injured worker to slip and fall off the roof, approximately 13 feet. The injured worker landed feet down and on a standing position injuring the mid and low back. The injured worker previously received the following treatments physical therapy, home exercise program x-ray of the left foot, EMG/NCS (electrodiagnostic studies and nerve conduction studies), lumbar spine MRI, acupuncture and 24 sessions physical therapy. The injured worker was diagnosed with lumbago, lumbar myalgia, lumbar myospasm and lumbar neuritis and radiculitis. According to progress note of January 7, 2015, the injured workers chief complaint was low back pain. The injured worker described the pain as dull, throbbing, and pounding. The injured worker rated the pain at 5 out of 10 resting and 7-8 with activities. The pain was associated with weakness, numbness, giving way and swelling. The pain radiated to the right leg. The injured worker was unable to perform activities of daily living due to pain. The injured worker reported the pain was worse in the morning, with bending forward, bending to the right or left, twisting to the right or left, coughing, sneezing, straining, standing, sitting, lifting, reaching and walking. The physical exam noted tenderness, guarding and spasms noted in the paravertebral and gluteal region bilaterally. Range of motion was restricted. Heel to toe walk was positive for pain. The manual muscle testing revealed 4 out of 5 muscle strength with lumbar flexion, extension and bilateral lateral bend. The lumbar range

of motion was restricted due to pain and spasms. The treatment plan included an 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, unspecified level(s): Overturned

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 Page(s): 46-47.

Decision rationale: The patient was injured on 10/07/13 and presents with low back pain which radiates to the thigh/feet/ankle, giving away of the right leg, numbness in the right foot and low back, swelling in the right foot, and a burning sensation in the eyes. The request is for a Lumbar Epidural Steroid Injection (Unspecified Level). There is no RFA provided and the patient's work status is not provided. In regards to epidural steroid injections, MTUS Chronic Pain Medical Treatment Guidelines page 46-47 has the following criteria under its chronic pain section: "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 used for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There is tenderness, guarding and spasms noted in the paravertebral and gluteal region bilaterally, a restricted range of motion of the lumbar spine due to pain and spasm, a positive heel to toe walk. The patient is diagnosed with bilateral lower extremity radiculopathy and lumbar disc protrusion at L3-L4, L4-5, and L5-S1. The 09/17/14 MRI of the lumbar spine revealed moderate central and foraminal stenosis at multi levels, 8mm disc herniation toward left at L2-3, 7mm circumferential disc at L3-4, right-sided 6mm disc protrusion at L4-5. Review of the reports provided does not indicate if the patient had a prior epidural steroid injection to the lumbar spine. Given the patient's clear radicular symptoms, exam findings, and MRI findings, a trial of Lumbar ESI appears reasonable. The level is not specified but given multi-level disc herniations and stenosis, interlaminar approach may be appropriate. The request is medically necessary.