

Case Number:	CM14-0133037		
Date Assigned:	08/22/2014	Date of Injury:	12/16/2010
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/20/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 62 year old male with a reported date of injury on 12/16/2010. The mechanism of injury was hyperextension of his left shoulder while pushing a pipe. The injured worker's diagnoses included spondylosis of the lumbar and cervical spine, lumbar pain, facet joint pain, lumbar radiculopathy, arthritic changes of the lumbar column, and sacroiliac joint pain. The injured worker's past treatments included medications, 12 sessions of physical therapy, and aquatic therapy. The injured worker's diagnostic testing included an MRI of the cervical spine, and an MRI of the lumbar spine which was performed on 04/17/2014 that revealed spondylotic changes throughout the lumbar spine, a 2-3 mm posterior bulge resulting in moderate canal stenosis with no evidence of neuroforaminal narrowing at L1-L2, a 2 mm bulge resulting in moderate right and mild to moderate left neuroforaminal narrowing and moderate canal stenosis and the bilateral exiting nerves are compromised at L2-L3, a 2-3 mm posterior disc bulge and mild to moderate bilateral neuroforaminal narrowing and moderate to severe canal stenosis and bilateral exiting nerve root compromise at L3-L4, status post fusion and laminectomy at L4-L5 and L5-S1. The injured worker's surgical history included a left shoulder rotator cuff repair in 2011, and a low back surgery (a laminectomy and fusion at L4-L5, L5-S1 based on MRI results) in 11/2012. The injured worker was evaluated on 06/20/2014 where he complained of lumbar pain with left leg radiculopathy. The clinician noted the injured worker had diminished sensation in the L4-5 and S1 dermatome, reflexes were 1-/4 bilaterally for the patellar tendon and Achilles tendon, and decreased strength was noted with left knee extension; however, the physician indicated the injured worker had a left knee injury at the time of the examination. Tenderness to palpation at T11-12, L1-L5, S1, and sacral region was noted. Flexion with hands to knees worsened pain, extension was 10 degrees with pain, lateral flexion was 10

degrees with pain and rotation was 5 degrees with pain. Special test findings included a negative straight leg raise, a positive Fabre's test on the left, acute tenderness to left sacroiliac joint, and pain throughout the facet region from L3-L5, greater on left. The injured worker's medications included Norco 5/325 mg, compound creams for pain, and gabapentin 300 mg titrated up to three per day. The request was for a Lumbar Epidural Steroid Injection at the Level of L3-L4. No rationale for the request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at the Level of L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Low Back.

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

Decision rationale: The request for Lumbar Epidural Steroid Injection at the Level of L3-L4 is not medically necessary. The clinician noted the injured worker had diminished sensation in the L4-5 and S1 dermatome, reflexes were 1-/4 bilaterally for the patellar tendon and Achilles tendon, and decreased strength was noted with left knee extension; however, the physician indicated the injured worker had a left knee injury at the time of the examination. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Epidural Steroid Injection (ESI) as an option for treatment for radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The radicular pain must be unresponsive to conservative treatments (exercises, physical methods, NSAIDS, and muscle relaxants) and injections should be performed using fluoroscopy for guidance. Per the MRI of the lumbar spine performed on 04/17/2014 a 2-3 mm posterior disc bulge and mild to moderate bilateral neuroforaminal narrowing and moderate to severe canal stenosis and bilateral exiting nerve root compromise was seen at L3-L4. However, there is a lack of documentation indicating the injured worker has significant findings indicative of neurologic deficit upon physical examination including decreased sensation specifically to the L3-4 dermatome. In addition, the request does not specify 'fluoroscopy guided'. Therefore, the request for Lumbar Epidural Steroid Injection at the Level of L3-L4 is not medically necessary.