

Case Number:	CM15-0120372		
Date Assigned:	06/30/2015	Date of Injury:	11/13/2005
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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:

The injured worker is a 68 year old male who sustained an industrial injury on 11/13/05 from a fall injuring his neck, back and bilateral shoulders and arms. He was medically evaluated, was given right shoulder injections, MRI of the right shoulder showed damage and he underwent an arthroscopic repair of the right shoulder which afforded him pain relief. He has had multiple work related injuries over the years. He currently complains of left and right lumbar pain radiating down the left lower extremity with pain level of 8-9/10. In addition he complained of cervical, sacroiliac, buttock, wrist, hand, bilateral leg, hip pain and numbness and tingling. His pain level was 8/10. He has difficulty sleeping. On physical exam there was palpable tenderness at cervical, thoracic, lumbar, sacral, bilateral leg, legs and knees; the lumbar spine revealed tenderness on medial and lateral joint line bilaterally, quadriceps spasms on the left, positive straight leg raise on the left. He uses a rolling walker for ambulation. He reports moderate difficulty with most aspects of daily living including self-care and hygiene. Medications are Dexilant, Gaviscon, Colace, and Sentra. Diagnoses include abdominal pain; acid reflux; constipation/ diarrhea; diabetes; hypertension and sleep disorder. Diagnostics include MRI of the lumbar spine (recent but no date) showed acute compression fractures at L1 and possibly T7. In the progress note dated 5/21/15 the treating provider's plan of care includes a request for lumbar epidural injection of bilateral L4/5, L5/S1 due to severe plantar and dorsiflexion weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral lumbar epidural injection at the L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in November 2005 and is being treated for radiating low back pain. An MRI of the lumbar spine is referenced as showing compression fractures without significant neural compromise. The scan was compared with a prior MRI in April 2013. Prior testing has also included electrodiagnostic studies of the lower extremities with unknown result. When requested, he was having symptoms including bilateral lower extremity numbness with symptoms rated at 8/10. Physical examination findings included multilevel spinal, bilateral sacroiliac, and bilateral posterior leg tenderness. There was right buttock tenderness. There was decreased lumbar spine range of motion and positive left straight leg raising. There was knee joint line tenderness. There were quadriceps muscle spasms on the left side. There was decreased and painful knee range of motion with positive McMurray's testing. The claimant was noted to ambulate with a cane. There was decreased right lower extremity strength. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right lower extremity strength and positive left straight leg raising. However, there are no reported imaging or electrodiagnostic findings that corroborate a diagnosis of radiculopathy. The request is not medically necessary.