

Case Number:	CM15-0096491		
Date Assigned:	05/29/2015	Date of Injury:	08/05/2013
Decision Date:	06/29/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 42-year-old male, who sustained an industrial injury on 8/5/13. He has reported initial complaints of low back pain with injury. The diagnoses have included low back pain, bilateral lumbosacral radiculopathy, myofascial dysfunction with trigger points, and lumbar disc displacement at multiple levels. Treatment to date has included medications, activity modifications, trigger point injections, lumbar epidural steroid injection (ESI), physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/22/15, the injured worker was seen in the past and given a lumbar epidural steroid injection (ESI) on 8/19/14 with significant lasting benefits. The injured worker states that he feels worse with low back pain into the right lower extremity (RLE). The previous 6-10/10 pain is still 5-6/10 and is more frequently 10/10 on pain scale. He states that he can barely survive the pain and is upset with not being provided with the relief that was useful before. He states that after the epidural steroid injection (ESI) he was able to perform his home exercise program (HEP). The Norco pain medication was increased and he reports that it was not beneficial. He is also working full duties. The objective findings reveal decreased range of motion in the thoracic region with forward flexion. The lumbosacral spine exam reveals that the right sciatic notch is tender, there are trigger points in the lumbar paravertebral muscles and quadratus lumborum muscles, range of motion of the lumbar spine is diminished, straight leg raise is positive on the right at 60 degrees and positive on the left at 50 degrees yielding left dermatomal pain. The gait revealed initial stiffness upon arising from a seated position and there is minimal difficulty with toe walking or heel walking on the left and heel and heel and toe walking difficulty on the right. The sensory is reduced to light touch sensation in the left L5 and right L5 dermatome. The

diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/16/13 reveals that at L4-L5 a right paracentral extruded disc abuts the right L5 nerve root. There is also mild bilateral foraminal narrowing. The physician notes that the x-ray of the lumbar spine dated 8/23/13 reveals disc space narrowing and spurs at several levels. The physician requested treatment included Lumbar epidural steroid Injection at L5-S1.

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 L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. Although the patient has clinical and radiological signs of radiculopathy, there is no documentation of pain and functional improvement with previous epidural injections. Therefore, Lumbar epidural steroid Injection at L5-S1 is not medically necessary.