

Case Number:	CM14-0132026		
Date Assigned:	10/16/2014	Date of Injury:	10/11/2013
Decision Date:	11/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Pain Management, and is licensed to practice in California. 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 51 year old male with a date of injury on 10/11/2013. Qualified Medical Evaluation (QME) records dated 1/21/2014 documents that the injured worker complained of constant sharp pain in his lower back which was located across his waist and radiates down into his legs. Pain was increased with sitting, standing, walking, bending at his waist, twisting, stooping, pushing, pulling and lifting or carrying more than 15 pounds. He experiences stiffness in his lower back and has difficulty changing his body positions, getting up from a sitting position and upon straightening up from a bent over position. He also experienced weakness, numbness, and tingling sensation in his legs. He experienced increased back pain upon coughing and sneezing. He reported that pain awakened him from sleep nightly. He rated his pain as 7-8/10, 9/10 at its worst and 5/10 at its best. He also complained of constant severe pain in his right leg. His pain was increased with standing and walking, walking on even or uneven terrain, squatting, bending, stooping, ascending, and descending stairs, pushing, pulling, and lifting or carrying of any weight. He experienced swelling, tightness, and weakness in his right leg. He rated his pain as 6-7/10, 9/10 its worst, and 5/10 at its best. Lumbar spine examination noted limited range of motion in all planes. Spasms were noted over the paraspinal musculature. Hypesthesia at the anterolateral aspect of the foot and ankle at L5-S1 dermatome distribution. Weakness in the big toe dorsiflexors and big toe plantar flexor bilaterally. Facet tenderness was noted at L3, L4, and L5 bilaterally. Straight leg raising test was positive at 75 degrees on the right with end at L5 dermatome distribution and 90 degrees on the left with pain at L5-S1 distribution. Lasegue was equivocal on the right. Ankle reflexes were +1 bilaterally. Lumbar muscle strength testing was 4/5 on dorsiflexion. Foot invertors are 4/5 on the right. Magnetic resonance imaging (MRI) of the lumbar spine dated 10/24/2013 indicate normal findings. He is diagnosed with (a) lumbar spine sprain/strain, rule out radiculitis secondary to lumbar disc

herniation and (b) status post left knee arthroscopic surgery in 2010 and 2011 with good outcome.

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 levels and laterality): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): page 46.

Decision rationale: Evidence-based guidelines indicate that an epidural steroid injection may be performed as treatment for radicular pain. As primary requirements prior to lumbar epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies as well as unresponsive to conservative treatments. In this case, it is noted that the injured worker may have radicular symptoms and underwent conservative treatments including physical therapy and medications however in spite of the said treatments, the injured worker still continued to experience low back pain with radicular symptoms. However, the latest magnetic resonance imaging (MRI) scan of the lumbar spine dated 10/24/2013 indicate normal findings and there were no electromyography (EMG)/nerve conduction velocity (NCV) studies found. Based on his Qualified Medical Evaluation (QME) records dated 1/21/2014, the injured worker was recommended to undergo a magnetic resonance imaging (MRI) scan to rule out disc herniation and neuro-diagnostic studies of both lower extremities to rule out entrapment neuropathy. Based on the non-confirmation of radiculopathy, the medical necessity of the requested lumbar epidural steroid injections is not established.