

Case Number:	CM14-0141282		
Date Assigned:	09/10/2014	Date of Injury:	09/20/2013
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 32 year old male with a reported injury on 09/20/2013. The mechanism of injury was playing football. The injured worker's diagnoses included hamstring strain, lumbar strain, low back pain, hamstring tear, chronic pain syndrome, lumbar facet arthropathy, and lumbar degenerative disc disease. The injured worker's past treatments included medications, physical therapy, chiropractic care, home exercise program, a 4 pronged cane, and ice. The injured worker's diagnostic testing included a left hamstring MRI on 11/26/2013 which revealed a torn biceps tendon. He also had a lumbar spine MRI which revealed a 2-3 mm diffuse disc bulge not causing any significant central canal or nerve root canal stenosis at L5-S1, mild bilateral facet joint hypertrophy, and mild left sided lateral bulging of the disc annulus not causing any significant central or nerve root canal stenosis at L3-4. No surgical history was provided. The injured worker was evaluated for low back and left hamstring pain on 07/31/2014. He described his low back pain as constant, aching, with increased muscle tightness, and rated as 4-5/10 without medication and 1/10 with medication. The pain was worse with standing, walking, bending and lifting. The pain was relieved by sitting, laying down, physical therapy and medications. The clinician observed and reported an antalgic gait with the use of a 4 pronged cane. The focused lumbar spine examination documented 5/5 right lower extremity strength and 5-/5 left lower extremity strength with knee flexion secondary to pain, intact and equal sensation, deep tendon reflexes were 2+ bilaterally, sciatic notches were painful to palpation, sacroiliac joints were tender to palpation bilaterally, there was tenderness to palpation over the paraspinal muscles with spasm and related myofascial restrictions, and Patrick's and Gaenslen's tests were negative. The lumbar range of motion was measured as extension 10 degrees with increased pressure, and rotation at 45 degrees with pulling. The straight leg raise was negative on the right and inconclusive on the left secondary to left hamstring guarding and tightness. The left leg was

grossly within functional limits with pain on all planes. The injured worker's medications included Norco 10/325 mg, ibuprofen 800 mg, Lidoderm, and Flexeril 7.5 mg. The request was for Lumbar epidural steroid injection QTY: 1.00 for pain relief and improved functional mobility. 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 QTY: 1.00: Upheld

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

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

Decision rationale: The injured worker complained of low back and left hamstring pain. The California MTUS Chronic Pain Guidelines recommend epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for the use of epidural steroid injection include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), and injections should be performed using fluoroscopy (live x-ray) for guidance. The provided documentation did not indicate radiculopathy as a diagnosis and the physical exam indicated the injured worker had 5/5 right lower extremity strength and 5-/5 left lower extremity strength, intact and equal sensation, deep tendon reflexes were 2+ bilaterally, and the straight leg raise was negative on the right and inconclusive on the left secondary to left hamstring guarding and tightness. The lumbar spine MRI results indicated no central or nerve root canal stenosis. Additionally, the request did not indicate the level of the injection or the use of fluoroscopy for guidance. Therefore, the request for Lumbar epidural steroid injection QTY: 1.00 is not medically necessary.