MAXIMUS Federal Services

Case Number:	CM14-0154742		
Date Assigned:	09/24/2014	Date of Injury:	01/10/2011
Decision Date:	11/05/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 58 year old male with a date of injury of 01/10/11. He had lumbar disc disease and was status post L3-4 discectomy in 2005. He had a history of left total hip replacement in 2013. He also had a history of post-operative DVT. His diagnoses were status post carpal tunnel releases bilaterally, status post right ulnar nerve decompression at the elbow, status post lumbar spine discectomy in 2006, chronic lumbar spine strain with degenerative disc disease, status post left total hip replacement, cervical spine strain with degenerative disc disease, left wrist triangular fibrocartilage tear and left knee medial meniscus tear. An EMG/NCS done on 06/24/13 revealed normal EMG of upper and lower extremities, mild bilateral median nerve motor neuropathy at the wrists, moderate bilateral median sensory neuropathy at the wrists, severe left peroneal motor neuropathy with possible site of lesion at the left L5 nerve root and possible background of peripheral polyneuropathy. An MRI of lumbar spine in May 2013 showed multilevel loss of intervertebral disc height and disc dessication changes are seen at the L2 through L5 levels with straightening and reversal of the normal lumbar spine lordosis. Mild bilateral neural foraminal narrowing at L4-5, L2-3 and L3-4 due to a broad based 3.2mm and 3.4 mm disc protrusions. An MRI of left knee in June 2013 showed early osteoarthritic changes and possible partial tear of medial meniscus body and posterior horn. His treatment has included hip replacement, knee injection in 2014, injection to his right middle and ring fingers and surgeries as above. The progress note from 06/30/14 was reviewed. He had increase in his low back pain and left hip pain. He reported improvement with combination of Dilaudid, Percocet and Opana ER. Pertinent examination findings included spasms and tenderness over the lumbar spine area with decreased range of motion, guarding of the lower lumbar spine as well as diffuse tenderness over the hip joint on the left. Impression included lumbar pain with radiculopathy. The plan of care included aquatherapy, Opana ER, Dilaudid PO and Percocet. The visit note from 07/28/14

was also reviewed. He was noted to have lower extremity numbness, tingling and weakness with his low back pain. He wanted to undergo epidural injections, since they had been beneficial in the past. Pertinent examination findings included positive straight leg raising test, decreased sensation over L5 distribution in particular and normal motor as well as deep tendon reflexes. Again the impression included lumbar pain with radiculopathy. A request was sent for epidural steroid injection at L4-5.

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 L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The employee was being treated for multiple complaints including low back pain with radiation to lower extremities as well as paresthesias. He had undergone an MRI that revealed disc protrusion with mild bilateral neural foraminal stenosis at multiple levels. An EMG/NCV showed left L5 motor neuropathy. Physical examination findings included a positive straight leg raising test as well as decreased sensation over L5 distribution. According to MTUS Chronic Pain Medical Treatment guidelines, ESIs are recommended with the following criteria. Radiculopathy must be documented by exam and corroborated by imaging and/or EDS, unresponsive to conservative management and a maximum of 2 injections should be performed. The employee had radiculopathy evidence by NCV with symptoms and signs of radiculopathy. The previous ESI he received was reportedly almost a decade ago after which he had a surgery. The request for lumbar epidural steroid injection is medically necessary and appropriate.