

Case Number:	CM13-0025631		
Date Assigned:	01/22/2014	Date of Injury:	07/14/2011
Decision Date:	04/07/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

This patient was injured on 7/14/2011. He has been diagnosed with bilateral lumbar radiculopathy; HNP at L4/5 and L5/S1. According to the 9/6/13 report from [REDACTED], the patient presents with 9/10 pain in the neck, mid and lower back. He walks with a single point cane. On exam, Sensory in the lower extremities was intact, 4+/5 strength in the left plantar and dorsiflexors and EHL. SLR is limited to 60 degs right, 45 degs left, and causes more pain into the legs on both sides. There were no MRI reports or electrodiagnostic studies provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

left L4 transforminal epidural steroid injection: Upheld

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

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

Decision rationale: The patient presents with low back pain and leg pain. On examination sensory was intact, but SLR produced symptoms down the legs. The request is for left L4, L5

and S1 TFESI. MTUS guidelines states ESIs are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " and the MTUS criteria for ESI states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The physician has not identified any specific dermatomal distribution, and the pattern on the SLR was not described. However, the dorsiflexors and plantar flexors may be associated L5 and S1. The second part of the MTUS criteria is that there must be corroborating findings on MRI or electrodiagnostic studies, and neither were provided for this IMR. Based on the information provided, the request for the ESI at either L4, L5 or S1 are not in accordance with MTUS guidelines.

left L5 transforminal epidural steroid injection: Upheld

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

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

Decision rationale: The patient presents with low back pain and leg pain. On examination sensory was intact, but SLR produced symptoms down the legs. The request is for left L4, L5 and S1 TFESI. MTUS guidelines states ESIs are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " and the MTUS criteria for ESI states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The physician has not identified any specific dermatomal distribution, and the pattern on the SLR was not described. However, the dorsiflexors and plantar flexors may be associated L5 and S1. The second part of the MTUS criteria is that there must be corroborating findings on MRI or electrodiagnostic studies, and neither were provided for this IMR. Based on the information provided, the request for the ESI at either L4, L5 or S1 are not in accordance with MTUS guidelines.

left S1 transforminal epidural steroid injection: Upheld

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

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

Decision rationale: The patient presents with low back pain and leg pain. On examination sensory was intact, but SLR produced symptoms down the legs. The request is for left L4, L5 and S1 TFESI. MTUS guidelines states ESIs are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " and the MTUS criteria for ESI states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The

physician has not identified any specific dermatomal distribution, and the pattern on the SLR was not described. However, the dorsiflexors and plantar flexors may be associated L5 and S1. The second part of the MTUS criteria is that there must be corroborating findings on MRI or electrodiagnostic studies, and neither were provided for this IMR. Based on the information provided, the request for the ESI at either L4, L5 or S1 are not in accordance with MTUS guidelines.

transportation to and from office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.medicare.gov/LongTermCare/static/CommunityServices.asp>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter online for Transportation (to & from appointments) and Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Home Health Aides

Decision rationale: The patient presents with low back pain and leg pain. The 9/6/13 report requests transportation to appointments "as previously outlined". The prior report is dated 8/13/13 and states the same thing, as does the prior 7/16/13, 6/18/13, and 5/24/13 reports. There is no rationale for transportation on the 5/17/13 report, nor the 3/29/13 reports. The 3/19/13 report requests transportation, but does not outline a rationale. There 6-months of reporting without an explanation for necessity for transportation. There is no discussion on how the patient made it to [REDACTED], for his 1-2 x/month visits. The patient is reported to be able to ambulate with a cane. There is no mention of a disability that prevents self-transport. The request is not in accordance with ODG or Aetna guidelines.