

Case Number:	CM13-0030329		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2013
Decision Date:	03/18/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 and 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 is a 38 year-old male who was injured on 6/5/13 while at work delivering a 380 lbs treadmill to a customer's home. He was assisted by two coworkers, but he had to carry it upstairs and twisted wrong to get it through a doorway and felt a pull in his lower back, then developed pain in the mid back and neck. By 6/14/13 he was reported to have radiating pain to the hips and down the left leg. On 9/19/13, UR recommended non-certification for a high volume lumbar ESI at L5/S1 and injections to the C5/6 level at the cervical spine, based on the 8/12/13 medical report from [REDACTED]. I was not provided the 8/12/13 medical report, but do have the 8/12/13 work status report that states the patient is TTD. According to the 7/15/13 report the patient presents with intermittent 3-4/10 neck pain and frequent 7/10 low back pain. The diagnoses was L4/5 and L5/S1 disc space narrowing with pars defect at L5/ r/o HNP; BLE radicular pain and paresthesia; cervical sprain, r/o HNP; thoracic sprain; BUE paresthesia. No specific nerve root or dermatomal distribution was identified, but general report of bilateral SLR was reported. There was 4/5 EHL or gastroc bilaterally. The medical report that requests/and/or provides the rationale for the ESI or cervical injections was not provided for this IMR. The imaging reports were not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

high volume lumbar epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines.

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

Decision rationale: The medical report that requests this procedure or provides a rationale or description of a "high volume" LESI was not provided for this IMR. This was apparently the 8/12/13 report from [REDACTED]. I have the 7/15/13 report from [REDACTED] that does not mention this procedure. The 9/16/13 note from [REDACTED] is just a work-status report. Without a description or rationale of what this physician means by "high volume" LESI, I cannot tell if this is a typographical error or if this is something other than the standard LESI procedure. I am not provided with any imaging reports, but the UR letter states there was a lumbar MRI on 7/23/13 and 7/24/13. UR states the MRI shows facet hypertrophy and disc protrusion at L4/5 that encroach the exiting nerve roots. This is different level then the level requested for the "high volume" ESI (which was L5/S1). The physician has not identified a specific level of nerve root compromise on his physical exam, and I do not have any imaging or electrodiagnostic reports to confirm whether radiculopathy even exists. MTUS requires radiculopathy be documented on clinical exam, and corroborated by imaging or electrodiagnostic studies. Based on the information provided, the request is not in accordance with MTUS guidelines.

Injections to the C5-6 level of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The medical report that requests this procedure or provides a rationale or description of what type of "injections" to the C5/6 level was not provided for this IMR. This was apparently the 8/12/13 report from [REDACTED]. I have the 7/15/13 report from [REDACTED] that does not mention this procedure. There was no specific nerve root compromise identified on the physical exam of the cervical spine. It is not known if these injections are for the facets, or epidural injections, as there is no documentation of radicular symptoms. Without a description of what injections are requested, the unknown procedure cannot be compared to MTUS criteria. I cannot confirm that the request is in accordance with any MTUS guideline.