

Case Number:	CM13-0064512		
Date Assigned:	03/03/2014	Date of Injury:	07/25/2013
Decision Date:	08/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on July 25, 2013 while working as a laborer. The mechanism of injury is variously described as occurring after a pickaxe became stuck in the ground with the development of low back pain as he tried to loosen it. It is also described as having occurred after having moved concrete. He was seen on July 26, 2013 with complaints of persistent pain. The assessment references the claimant as having bumped his knee 3-4 weeks previously with brief symptoms but which had recurred. Physical examination findings included mild lumbar tenderness with decreased range of motion. There was minimal anterior knee tenderness. Diagnoses were a lumbosacral strain and left greater than right knee strain. He was referred for therapy and ibuprofen and Tylenol were prescribed. He was placed at modified work. He was seen in the Emergency Room on August 16, 2013 with increasing low back pain. Pain was rated at 9/10. He was having back pain without other associated symptoms. Physical examination findings included normal strength and sensation. He continued to be treated and as of September 30, 2013 had participated in chiropractic treatments three times per week over the previous month. He had been placed out of work by his chiropractor. He was not having any radicular symptoms. On October 08, 2013, he had low back pain with straight leg raising. An MRI of the lumbar spine on was obtained on October 14, 2013 showing findings of a right L4-5 paracentral disc protrusion with annular tear and L5-S1 small posterior disc protrusion with annular tear. When seen on October 22, 2013 he was not having leg pain or numbness. He was seen by the requesting provider on November 19, 2013. He had complaints of low back and right buttock pain with pain radiating to the posterior knee and was also having left knee pain related to the previous injury. He was not having any numbness or tingling. Physical examination findings included lumbar spine tenderness and decreased and painful range of motion. There was

tenderness with facet loading on the right side. Straight leg raising was negative and there were no neurologic deficits. He had normal knee range of motion with bilateral crepitus. Imaging results were reviewed. Recommendations included the requested injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Myelography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK (UPDATED 10/9/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections.

Decision rationale: Since the epidural steroid injection is not medically necessary, performing myelography during the procedure is not medically necessary. Additionally, requesting authorization for myelography and an epidurogram is reduplicative.

Lumbar Epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections.

Decision rationale: Since the epidural steroid injection is not medically necessary, obtaining an epidurogram during the procedure is not medically necessary.

IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections.

Decision rationale: Since the epidural steroid injection is not medically necessary, requesting IV sedation during the procedure is not medically necessary.

Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections.

Decision rationale: Since the epidural steroid injection is not medically necessary, fluoroscopic guidance during the procedure is not medically necessary.

Right Transforaminal Lumbar Epidural Steroid Injection (LESI) at the L4-L5 level:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections.

Decision rationale: The claimant is status post work-related injury occurring 4 months prior to the requested epidural steroid injection. Although he has findings of degenerative disc disease with right lateralization by MRI, he has no clinical findings of radiculopathy. There is no documented neurologic deficit or positive neural tension testing. He is not having radicular symptoms consistent with his imaging findings, as these would be expected to include symptoms affecting the L4 nerve, which would travel past his knee. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings of lumbar radiculopathy and, although the MRI does include findings of a right lateralized disc protrusion, there is no identified neural compression or compromise that would corroborate a diagnosis of radiculopathy. Therefore, the requested transforaminal epidural steroid injection is not medically necessary.

Contrast Dye: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections.

Decision rationale: Since the epidural steroid injection is not medically necessary, the use of contrast dye the procedure is not medically necessary.