

Case Number:	CM13-0067631		
Date Assigned:	01/22/2014	Date of Injury:	09/26/2008
Decision Date:	04/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Pain Management, 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 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:

This is a 47 year-old male who was injured on 9/26/08. He has been diagnosed with lumbago; displacement of lumbar disc without myelopathy; lumbar neuralgia; myalgia; neuroforaminal narrowing at L4/5 and L5/S1, annular fissure at L5/S1. According to the 11/26/13 chiropractic report, the patient presents with 8/10 low back pain with pulsing aching pain down the lower extremities. The 9/25/12 MRI report was reported as showing mild bilateral foraminal narrowing at L5/S1 and mild left-side narrowing at L4/5. The physical exam findings on the 11/26/13 report appears to be templated, but the chiropractor did not edit the information, so it reads that the patient has decreased sensibility in the L1-S1 dermatomes and also has no decreased sensibility in the L1-S1 dermatomes. Utilization Review (UR) apparently denied the request for an Lumbar Epidural Steroid Injection (LESI) and medical clearance for the LESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) clearance from an internal medicine specialist prior to procedure between 11/26/2013 and 1/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Low Back Chapter: Preoperative testing, general

Decision rationale: The patient does not appear to have radicular symptoms or exam findings to warrant an epidural steroid injection. The glucose level is reported as 89 mg/dL postprandial. There is no history of diabetes or cardiovascular disease. ODG guidelines state the decision on preoperative labs should be based on history, comorbid conditions and exam findings. There does not appear to be a reason for an internal medicine consult. The chiropractor recommended referral for an ESI, the physician performing the ESI, could chose to not perform the ESI if there is a history of glucose problems, or was concerned about elevated glucose levels. The reported glucose level is at the low range of normal depending on how long postprandial it was taken. The patient did not meet the MTUS criteria for an ESI, so medical clearance for the ESI is not clinically necessary.

One (1) lumbar epidural injection at disc levels L4-L5 and L5-S1 between 11/26/2013 and 1/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 309.

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

Decision rationale: The patient has back and knee pain. There are no clinical findings suggestive of radiculopathy, and no imaging findings to support radiculopathy. MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The MTUS criteria for Epidural Steroid Injection has not been met.