

Case Number:	CM14-0115505		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2013
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 39 year old female who sustained an injury to her low back on 08/01/2013. She reported she was picking up wheat when she felt low back pain. The prior treatment history has included 6 sessions of chiropractic therapy and 12 documented sessions of physical therapy with improvement in tolerance to activity; LSO and TENS. The diagnostic studies reviewed include MRI of the lumbar spine dated 02/25/2014 demonstrated small L5-S1 left paracentral disc protrusion mildly displacing the left S1 nerve root posteriorly and mild early degenerative changes at the L5-S1 level. On note dated 05/20/2014, the patient is noted to rate her pain as 6/10 with right greater than left lower extremity symptoms. On exam, there is tenderness to palpation of the lumbar spine. Range of motion revealed flexion to 60; extension to 50; left and right lateral tilt 50; left and right rotation to 40. The follow up consult note dated 06/17/2014 documented the patient to have complaints of ongoing significant low back pain radiating to bilateral legs. On exam, there is tenderness to palpation over the lower lumbar area with positive straight leg raise bilaterally. On Neuro exam, strength is normal with intact sensation. Deep tendon reflexes are symmetrical in the knee, ankle, and posterior tibial tendon jerk. She is diagnosed with L5-S1 disc protrusion with bilateral radiculopathy. She has been recommended for a trial of lumbar epidurals. A prior utilization review dated 07/17/2014 by [REDACTED] states the request for Trial of Lumbar Epidurals and consultation with H & P is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Lumbar Epidurals and consultation with H & P: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidurals Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Epidural steroid injection Guidelines ODG.

Decision rationale: Patient has positive radiculopathy symptoms; positive physical exam/straight leg raise test, failed PT and positive MRI findings for nerve displacement. The medical necessity is established according to the guidelines.