

Case Number:	CM14-0124408		
Date Assigned:	08/08/2014	Date of Injury:	04/16/2003
Decision Date:	09/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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, 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:

The patient is a 58-year-old female with an injury date of 04/16/2003. Based on the 04/03/2014 progress report, the patient complains of moderately severe chronic low back pain and right foot pain associated with injury sustained while attempting to restrain a patient 10 years ago. The patient was declared to be permanent and stationary for chronic low back pain as of 2004, but returned to work with analgesics and other medications. The patient sustained injury to her teeth, jaw, and lower back. In regard to the lumbosacral spine, the patient has moderate tenderness to paralumbar, and decreased sensation over L4-L5. The patient's diagnoses include the following: tooth fracture, herniated lumbar intervertebral disk, and bilateral lumbar radiculopathy. The request is for the following: consult, treat with [REDACTED] and Epidural Steroid Injection, L4-L5, L5-S1. The Utilization Review determination being challenged is dated 07/10/2014. Treatment reports were provided from 01/07/2014 - 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and Treat with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: According to the 04/03/2014 progress report, the patient complains of moderately severe chronic low back pain and right foot pain. The request is for a consult, treatment with [REDACTED]. ACOEM page 127 states, "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation for complex issues. The current treater may not feel comfortable or feel that it is within his or her specialty to address possible epidurals. This request is medically necessary.

Epidural Steroid Injection L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 04/03/2014 progress report, the patient complains of moderately severe chronic low back pain and right foot pain. The request is for an epidural steroid injection, L4-L5, L5-S1. The 06/18/2014 progress report states, "Her previous epidural gave her relief for 6 weeks." However, there is no documentation of how much relief, functional improvement, and medication reduction the patient has had with this previous lumbar epidural injection. The date of this ESI was not provided. An MRI of the lumbar spine from 01/30/2014 revealed moderate facet arthropathy and ligamentum flavum hypertrophy. Patient has central canal stenosis with 9 mm of the residual central at L4-L5. The disk approaches, but does not definitely impinge on the traversing L5 nerve roots, and there is mild bilateral neuroforaminal narrowing. At L5-S1, there is mild bilateral neuroforaminal narrowing as well as moderate facet arthropathy and ligamentum flavum hypertrophy. In reference to an ESI, the MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies." In this case, the patient does not present with radicular symptoms, only lower back pain and ankle pain. Given the lack of description of clear radicular symptoms or leg pain, an ESI would not be indicated. The 06/18/14 report states, "Her previous epidural gave her relief for 6 weeks." The date of this previous epidural steroid injection was not provided. No functional improvement or medication reduction as required by MTUS for repeat injections are documented. Recommendation is that this request is not medically necessary.