

Case Number:	CM14-0126671		
Date Assigned:	08/13/2014	Date of Injury:	01/07/1991
Decision Date:	09/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 underlying date of injury in this case is January 7, 1991. Diagnoses include lumbar spondylolisthesis, lumbar stenosis, bilateral foraminal stenosis at L4-5, and neurogenic claudication as well as an abnormal left tibial finding on DEXA scan. On July 18, 2014, the patient was seen in primary treating physician followup regarding right-sided low back pain. The patient reported ongoing discomfort in his legs when attempting to ambulate more than 1 or 2 blocks. The treating physician noted that a DEXA scan showed an abnormal finding at the left tibia. The treating physician noted the radiologist recommended MRI of the left lower extremity to further evaluate this finding. The treating physician also indicated plan for a transforaminal lumbar epidural injection at L4-5 bilaterally given the patient's pain. No specific neurologic deficits were noted on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of Left Tibia/Fibula: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 343, 372-374.

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) Chapter 7 Consultation, page(s) 127.

Decision rationale: The Independent Medical Examinations and Consultations Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that the occupational health practitioner may refer to other specialists if the course of care may benefit from additional expertise. The medical records in this case specifically document that a radiologist has recommended an MRI to follow up with abnormal finding on DEXA scan. The records do not provide a rationale as to why a plain film x-ray was requested rather than MRI imaging. The requested x-ray is not supported by the treatment guideline. The request for an x-ray of the left tibia/fibula is not medically necessary or appropriate.

Transforaminal Epidural Steroid Injection Bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injection states that radiculopathy should be documented by physical exam and corroborative imaging studies and/or electrodiagnostic testing. The medical records in this case report a normal neurologically examination. The treatment guidelines do not support an indication for an epidural injection, and the medical records do not provide an alternate rationale consistent with treatment guidelines. The request for a transforaminal ESI of the bilateral L4-L5 is not medically necessary or appropriate.