

Case Number:	CM14-0159585		
Date Assigned:	10/03/2014	Date of Injury:	11/07/2013
Decision Date:	11/25/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedics and is licensed to practice in Arizona. 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 31-year-old male assembler sustained injuries on November 7, 2013 while pulling on pallet jack [500 lbs.], slipped and fell on his buttocks. He first sought treatment on November 8, 2013, was seen and treated one time only by chiropractor and saw occupational physician 1 day later. Treatment consisted of x-rays taken, pain medication prescribed, MRI lumbar spine ordered and physical therapy [PT] ordered [12 visits], but with no improvement. After unsuccessful treatment from November 10, 2013 to December 10, 2013, he was referred to back specialist [PM&R] in December 2013 for treatment consisting of further medication and 'shot in the back' [no detail given] and again, no improvement. He was then placed on restricted work activities and medications. Additional physical therapy and further injections were prescribed but subsequently denied. Due to continued complaints of back pain, left leg pain, lumbo-sacral radiculopathy, neck & mid-back pain [rated 6-8/10] and bowel and bladder incontinence [reported on January 20, 2014 but found no mention of this symptom during recent assessments], further recommendations consisted of medications, epidural steroid injections, 4 additional sessions of physical therapy, off work until January 27, 2014. Also suggested was an electro-diagnostic evaluation, additional chiropractic care sessions and a psychological qualified medical examination [QME]. Utilization Review is dated September 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections (under fluoroscopic guidance): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, ESI therapeutic / Fluoroscopy

Decision rationale: Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision-making. Medical necessity can be described as care that is reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care. The wave of the present and future seems to be evidence-based medicine in contrast to experience-based medicine of the past. The Chronic Pain Medical Treatment Guidelines indicates epidural steroid injections (ESIs) as a treatment modality for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There should also be corroborative findings of imaging studies and/or electrodiagnostic testing. The Official Disability Guidelines supports the criteria principles outlined above. The indication for repeat ESIs in patients with chronic low back pain at a level previously injected (> 24 months) includes a symptom-free time interval. The ODG also emphasizes that radiculopathy be corroborated by imaging studies and/or electrodiagnostic testing. Fluoroscopic guidance with use of contrast is recommended for all approaches, as needle misplacement may be a cause of treatment failure. The documentation in this case does not clearly define any clinical dermatome beyond S1 specifically. The MRI of the lumbar spine was done on November 22, 2013 and revealed Grade I L5-S1 spondylolisthesis, mild bilateral foraminal narrowing, L4-5 1mm disc bulge and L4-5 bilateral foraminal narrowing. I would state that nerve compromise coming from Grade I L5-S1 spondylolisthesis would more likely involve L5 dermatomes than S1 and that disc bulge [not disc herniation] of 1mm at L4-5 is unlikely to compromise S1 nerve root. Therefore, the request is not medically necessary in this case.