

Case Number:	CM14-0046961		
Date Assigned:	07/02/2014	Date of Injury:	07/24/2001
Decision Date:	08/13/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgeon 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 58-year-old male who reported an injury on 07/24/2001. The injured worker reportedly twisted his lower back while stepping over construction debris. Current diagnoses include chronic low back pain and degeneration of the lumbar intervertebral disc. The injured worker was evaluated on 03/24/2014. It was noted that the injured worker is status post right L5 transforaminal epidural steroid injection on 03/10/2014. Physical examination was not provided on that date. Treatment recommendations at that time included a repeat transforaminal epidural steroid injection at L5-S1 and authorization for an ABI/Doppler study of the lower extremity to rule out arterial insufficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT TF ESI AT RIGHT L5-S1: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with other rehab efforts.

Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. There was also no mention of this injured worker's active participation in a home exercise program. There were no imaging studies or electrodiagnostic reports submitted for this review to corroborate a diagnosis of lumbar radiculopathy. Additionally, California MTUS Guidelines state repeat blocks are based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

LOWER EXTREMITY ABI/DOPPLER STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15382390>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov. U.S. National Library of Medicine; U.S. Department of Health and Human Services National Institutes of Health. Updated: 09 July 2014.

Decision rationale: According to the U.S. National Library of Medicine and U.S. Department of Health and Human Services, a Doppler ultrasound is used to examine the blood flow in major arteries and veins in the arms and legs. This test may help diagnose arterial sclerosis of the arms or legs, deep vein thrombosis, or venous insufficiency. As per the documentation submitted, the injured worker does not maintain any of the above-mentioned diagnoses. There was no physical examination provided on the requesting date. The medical necessity for the requested study has not been established. As such, the request is not medically necessary.