

Case Number:	CM14-0054293		
Date Assigned:	07/07/2014	Date of Injury:	10/27/2003
Decision Date:	08/29/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/23/2014

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 Nevada. 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 records presented for review indicate that this 51-year-old male was reportedly injured on October 27, 2003. The mechanism of injury is offloading a railroad car. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of low back pain radiating to the left greater than right lower extremities. Current medications were stated to include Advil, and Norco. The physical examination demonstrated tenderness along the lumbar paraspinal muscles and the left sciatic notch. There was a positive left-sided straight leg raise test at 60 degrees and on the right side at 70 degrees. There was decreased sensation at the left L5 and the right S1 dermatomes. The treatment plan included lumbar epidural steroid injections, liver and kidney function tests, a urine drug screen, and prescriptions of gabapentin and Senokot. Diagnostic x-rays of the lumbar spine from January 2014 indicated a solid fusion from L2-S1. Previous treatment includes epidural steroid injections and a lumbar spine fusion at L2-L3 and L3-L4. A request had been made for a lumbar epidural steroid injection on the right at S1 and on the left at L5 and S1, a urine drug screen, and a CBC and CMP and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection at right S1 and left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: According to the attached medical record the injured employee has a solid fusion from L2-S1 levels of the lumbar spine. Considering that it is unclear why an epidural steroid injection is requested on the right-sided S1 and the left at L5-S1 were there is a previous fusion, this request for a lumbar epidural steroid injection at these levels is not medically necessary, per MTUS Guidelines.

1 lab for Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Management of Opioid Therapy for Chronic Pain Working Group. VA/DoD clinical practice guideline for management of opioid therapy for chronic pain. Washington (DC): Department of Veterans Affairs, Department of Defense; 2010 May. 159 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 69 OF 127.

Decision rationale: While liver and kidney function tests are recommended for individuals taking NSAIDs, the attached medical record indicates that Advil was discontinued on March 15, 2014. Considering this, this request for a CBC and CMP is not medically necessary, per MTUS Guidelines.