MAXIMUS Federal Services

Case Number:	CM14-0057577		
Date Assigned:	07/09/2014	Date of Injury:	04/23/2012
Decision Date:	08/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 & 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 injured worker is 70-year-old male with a date of injury reported on 04/23/2012. The patient stated that while at work he was fabricating a large piece of metal weighing approximately 250 pounds. He moved frequently with the piece of metal and he noted low back pain. He went to see a company doctor at that time and he was given 2 injections into the low back and referred him to a chiropractor. The injured worker stated that he did go see a chiropractor, but the treatment did not help his low back pain. There was no specification of how many sessions he saw with the chiropractor. On 06/10/2014, the injured worker had an examination with complaints of continued low back pain, severe and radiating to the left lower extremity. It was noted that the patient did ambulate with a normal gait. His range of motion test results were flexion at 45 degrees, extension at 0 degrees, right lateral bending at 5 degrees, and left lateral bending at 10 degrees; all of it increased his low back pain. The straight leg raise test was 45 degrees on the right without pain in the lower back, but the straight leg to the left was 35 degrees with pain in the lower back region with pain radiating to the left lower extremity. On the neurological exam, the injured worker had a 5/5 which is normal on the right bilaterally to all of his flexion and extension. There was an MRI on 02/07/2014 that revealed disc protrusion at L3-4 with moderate bilateral neural foraminal narrowing, disc bulge at L4-5 with facet arthropathy causing severe left and moderate right neural foraminal narrowing, and there was annular tear at L5-S1 with a 2 mm disc bulge. There was not a medication list provided, nor was the efficacy of the medications provided. The diagnoses consisted of lumbar disc protrusion and severe left neural foraminal narrowing at L4-5, lumbar radiculopathy, and lumbar spine myoligamentous sprain/strain. The recommended plan of treatment was for a series of 2 lumbar epidural injections, to put the injured worker on Relafen, and then return for evaluation. The

request for authorization for the lumbar epidurals was signed and dated for 07/01/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Specialist for 2 lumbar epidurals at left L4-L5 under flouroscopy & IV sedation: Upheld

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

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

Decision rationale: The California MTUS Guidelines do recommend that epidural steroid injections offer short-term pain relief and use should be in conjunction with other rehab efforts to include continuing a home exercise program for patient with radiculopathy documented on physical exam and corroborated by diagnostic testing. The guidelines also suggest doing the epidural injections if the injured worker is initially unresponsive to conservative treatment. In this case, there was a lack of evidence of a home exercise program and there was no mention of any previous physical therapy, although there was mention that the injured worker had some chiropractic therapy that did not help. Further, there was a lack of documentation showing significant neurological deficts and corroboration with diagnostic testing. Again, there was no evidence of any exercises, physical methods, NSAIDs, and/or muscle relaxants or the efficacy of any of those. Moreover, a second injection would not be supported without evidence of an adequate response to the first. Therefore, the request for pain management specialist for 2 lumbar epidurals at left L4-L5 under flouroscopy & IV sedation is not medically necessary and appropriate.