

Case Number:	CM14-0072168		
Date Assigned:	07/16/2014	Date of Injury:	08/07/2013
Decision Date:	11/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 patient is a 42 year old female who was injured on 08/07/2013 while the patient was lifting a 5 gallon water bottle, twisting and falling injuring his low back. Prior treatment history has included Anaprox, Norco, Protonix, Lisinopril, and Paxil. There were no reports of conservative treatment. Diagnostic studies reviewed include MRI of the lumbar spine dated 11/12/2013 revealed mild spinal canal stenosis at L3-L4 and degenerative changes; posterior annular fissuring, disc bulging, and disc osteophyte complex formation at L3-S1; and mild interspinous edematous change is present at L4-L5 with minimal interspinous edematous change at L5-S1. Progress report dated 07/18/2014 documented the patient to have complaints of low back pain rated as 6-7/10 and his leg pain as a 9-10/10. On exam, there is tenderness to palpation and spasms of the left more than right paravertebral muscles into the buttocks. There is decreased sensation on the S1 and L5. Lumbar spine range of motion revealed flexion at 50 degrees; extension at 13 degrees; left lateral bending at 17 degrees; and right lateral bending at 25 degrees. Her motor power strength is 5/5 in all planes. Straight leg raise is positive on the left. The patient was diagnosed with left leg radiculopathy and lumbar disc degeneration at L3-S1. She was recommended for a left L5-S1 transforaminal epidural steroid injection due to her severe S1 radiculopathy and a pain management consultation to medication monitoring. Prior utilization review dated 05/07/2014 states the request for Left sided L4-L5 and L5- S1 Transforaminal epidural steroid injection, lumbar spine is denied as there is a lack of documented evidence to support the request. Pain management consultation is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L4-L5 and L5- S1 Transforaminal epidural steroid injection, lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter, Criteria for the use of epidural steroid injections and The American Medical Association Guides, 5th Edition, page 382-383

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

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no imaging evidence of nerve root compression, corroborated with clinical findings and requested levels for injection. There is no documentation of trial and failure of conservative management such as physiotherapy of at least 4-6 weeks duration. Therefore, the medical necessity of the request for TF-ESI is not established in accordance to guidelines and based on the available information.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 Independent Medical Examinations And Consultations pages 503-524

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, there is no documentation of treatment with multiple high dose opioids requiring pain management referral. There is no evidence of complexity in the treatment necessitating special expertise. Furthermore, the

determination for ESI was denied, eliminating the need for such referral. Thus, the request is not medically necessary.