

Case Number:	CM14-0073757		
Date Assigned:	07/16/2014	Date of Injury:	01/23/2006
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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, has a subspecialty in Interventional Spine 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 39 years old male with an injury date on 01/23/2006. Based on the 03/26/2014 progress report provided by [REDACTED], the diagnosis is: 1. Bilateral lumbar strain with intermittent bilateral lumbar radicular symptoms. According to this report, the patient complains of low back pain that radiates to the lower extremities with numbness and tingling. Slight tenderness and mild spasm are noted over the paralumbar muscle. Lumbar range of motion is slightly decreased. SLR and Lasegue's test are negative. Exam findings remain unchanged from 12/12/2013 and 03/12/2014 reports. MRI on the lumbar spine on 09/19/2011 do not show significant disc herniation. The MRI report was not provided in the file for review. There were no other significant findings noted on this report. [REDACTED] is requesting: 1. Lumbar Epidural Steroid injection 2. RS41 The utilization review denied the request on 04/23/2014. [REDACTED] the requesting provider and he provided treatment reports from 09/18/2013 to 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines Page 46 and 47 and MTUS 9792.2 definitions, page 11.

Decision rationale: According to the 03/26/2014 report by [REDACTED] this patient presents with low back pain that radiates to the lower extremities with numbness and tingling. The provider is requesting lumbar epidural steroid injection (level unknown). Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the reports does not show any evidence of other epidural steroid injections being done in the past. While this patient presents with radiating pain down the both legs, they are not described in any specific dermatomal distribution to denote radiculopathy or nerve root pain. MRI of L-spine does not show any specific findings that would corroborate the patient's leg symptoms. The MRI was described by the provider as benign. The request also lacks the specific level for the injection. MTUS does not recommend more than 2 levels of transforaminal approach. Recommendation is for not medically necessary.

RS4i: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) pages 118-120.

Decision rationale: According to the 03/26/2014 report by [REDACTED] this patient presents with low back pain that radiates to the lower extremities with numbness and tingling. The provider is requesting RS41. RS41 is an Interferential unit. The MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. MTUS also recommends trying the unit for one-month before a home unit is provided if indicated. In this case, the patient does not present with a specific indication for IF unit and has not trialed the unit for a month to determine effectiveness. Recommendation is for not medically necessary.