

Case Number:	CM14-0079908		
Date Assigned:	07/18/2014	Date of Injury:	12/13/2009
Decision Date:	09/12/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 Texas and Ohio. 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 53-year-old female who reported an injury on 12/13/2013. The mechanism of injury was not provided for review. The clinical documentation indicated that the injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included chiropractic care, physical therapy, trigger point injections, multiple medications, and acupuncture. The injured worker ultimately underwent fusion surgery from the L4 to the S1. The injured worker underwent an MRI on 05/01/2014 that documented there was a 2 mm disc bulge indenting on the interior thecal sac at the L3-4, evidence of a posterior fusion from the L4 to the S1, and disc desiccation at the L3-4 and L4-5 and L5-S1. The injured worker was evaluated on 06/06/2014. It was noted that the injured worker had persistent low back pain complaints rated at a 3/10 to 5/10. It was noted that the injured worker was being followed by an orthopedic specialist. There was no physical examination findings provided at that appointment. The injured worker diagnoses included lumbar disc disorder, lumbar spinal disorder, and lumbar radiculopathy. A request was made for a lumbar epidural steroid injection, an L5-S1 facet injection and an orthopedic consult. A Request for Authorization form was not subdeltoid to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), The AMA guides.

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

Decision rationale: The requested caudal epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidurals for injured workers who have documented radicular findings on clinical examination supported by pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has a disc bulge at the L3-4 indenting on the thecal sac; however, there is no documentation of physical findings indicative of radiculopathy in the L3, L4 dermatomal distribution. Therefore, the need for a caudal epidural steroid injection is not clearly indicated. As such, the request caudal epidural steroid injection is not medically necessary or appropriate.

X-rays (plain films) Lumbar (Extension and Flexion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested x-rays (plain films) lumbar (extension and flexion) are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend lumbar x-rays in the absence of red flags or serious spinal pathology. The clinical documentation submitted for review does not provide any evidence of suspicion of instability that would require lumbar extension and flexion imaging. There is no documentation that the injured worker has undergone plain x-rays and would require the additional imaging of extension and flexion films. As such, the request x-rays (plain films) lumbar (extension and flexion) is not medically necessary or appropriate.

Orthopedic Referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

Decision rationale: The requested orthopedic referral is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty

consultation for injured workers who have complicated diagnoses that require additional expertise for treatment planning. The clinical documentation submitted for review does indicate that the injured worker is being followed by an orthopedic specialist. Therefore, an additional referral would be considered redundant. As such, the requested orthopedic refer is not medically necessary or appropriate.