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| Case Number: | CM14-0183024 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 11/21/2013 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 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 a 43-year-old male who sustained a work injury on 11/21/13, while transferring a 400 pound patient from bed to wheel chair. The treating physician report dated 9/8/14 states that the patient continues to complain of neck pain and lower back pain. Physical exam findings are noted as spasms and tenderness of the lumbar spine, limited lumbar range of motion, decreased sensation over L5 distribution on the right, and straight leg raise causes back pain. MRI dated 7/12/14 reveals disc protrusions L5/S1 and L4/5 annular tears. Foraminal stenosis is reported bilaterally at L4/S1. The injured worker is treating with Tramadol ER and Norflex. The current diagnoses are: 1. Lumbar disc protrusion with radiculopathy2. Chronic cervical pain and radicular componentThe utilization review report dated 10/24/14 denied the request for lumbar ESI at L4/5 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection at L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 16.

Decision rationale: The injured worker has persistent complaints of neck pain and headaches along with persistent low back pain radiating into the lower extremity. The current request is for Lumbar ESI at L4/5. The treating physician report dated 9/8/14 states, "I believe one lumbar epidural steroid injection at L4/5 is reasonable considering his continued pain and findings on the MRI." Lumbar MRI dated 7/12/14 reveals disc protrusions at L5/S1 and annular tears at L4/5. Foraminal stenosis is revealed at L4/S1 bilaterally. The MTUS Guidelines indicate lumbar ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case the treating physician has documented that the patient has lower back pain but has not clearly documented that the patient is dealing with radicular pain. Lumbar MRI is significant for bilateral nerve root compromise at L4-5. The progress note states the IW failed conservative care and has decreased sensation in the right L5 nerve root distribution. The current documentation provided meets the ODG requirements to recommend a lumbar ESI. The request is medically necessary.