MAXIMUS Federal Services

Case Number:	CM14-0202736		
Date Assigned:	12/15/2014	Date of Injury:	02/17/2013
Decision Date:	02/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, 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 29 year old male with an injury date of 02/17/13.Based on the progress report dated 11/06/14, the patient complains of low back pain with increasing left lower extremity symptoms which prevent the patient from standing or walking for greater than 20 minutes. Physical examination reveals tenderness in the lumbar spine along with painful and limited range of motion. Spasms are noted in the lumbar paraspinal musculature. In progress report dated 09/25/14, the patient rates his lower back and left lower extremity pain as 5/10. In progress report dated 08/28/14, the patient complains of increasing pain down the anterior left tibial area with pain radiating up the buttock into the lower back. Medications, including Tramadol, Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine, promote activities of daily living and significant pain relief, as per progress report dated 11/06/14. Physical therapy helped relieve pain temporarily, as per progress report dated 09/25/14. The patient is temporarily partially disabled, as per progress report dated 09/25/14. Diagnoses, 11/06/14:- Protrusion L3-4 with radiculopathy- Left peroneal neuropathy- Status post open reduction internal fixation left tibia/fibular fracture.The treater is requesting for (a) TRIAL OF LUMBAR EPIDURAL INJECTIONS L3-4 (b) CONSULT WITH PAIN MANAGEMENT. The utilization review determination being challenged is dated 11/24/14. Treatment reports were provided from 03/25/14 - 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of lumbar epidural injections L3-4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46, 47.

Decision rationale: The patient presents with low back pain and increasing left lower extremity symptoms which prevent him from standing or walking for greater than 20 minutes, as per progress report dated 11/06/14. The request is for trial of lumbar epidural injections (ESI) of the L3-4. The pain is rated at 5/10, as per progress report dated 09/25/14. The MTUS Guidelines has the following regarding ESI under chronic pain, pages 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain, pages 46 and 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," In this case, the first request for Lumbar ESI was noted in progress report dated 03/25/14. The treating physician requested the procedure to "evaluate efficacy." In progress report dated 06/17/14, the treating physician states that the LESI has been approved and the patient is enthusiastic about the procedure. In progress report dated 07/31/14, the treating physician requests for an "extension of window of opportunity to proceed with left L3-4 epidural steroid injection. The patient was not able to proceed due to extenuating circumstances, now resolved." The treating physician has continued to request for the procedure in every available progress report since then. In the latest report dated 11/06/14, the treating physician states that the patient's "Left lumbar radicular component remains refractory." The reports indicate that this will be the first ESI. The patient has low back pain that radiates to the left leg. He has been diagnosed with protrusion L3-4 with radiculopathy, and left peroneal neuropathy. No diagnostic studies were provided and the treating physician does not discuss MRI findings other than the listed protrusion at L3-4. Given the patient's significant leg symptoms, protrusion at L3-4 and exam findings, this request is medically necessary.

Consult with pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 7

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 127, Consult.

Decision rationale: The patient presents with low back pain and increasing left lower extremity symptoms which prevents him from standing or walking for greater than 20 minutes, as per progress report dated 11/06/14. The request is for consult with pain management. The pain is rated at 5/10, as per progress report dated 09/25/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation 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. The available progress reports do not discuss this request at all; however, the reports do not indicate prior consultation with a pain management specialist. The patient continues to suffer from symptoms in spite of conservative therapy; therefore, this request is medically necessary.