

Case Number:	CM15-0145093		
Date Assigned:	08/06/2015	Date of Injury:	05/31/2013
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 47-year-old male who sustained an industrial injury on May 31, 2013. The injured worker was employed as a maintenance technician. The accident was described as while carrying a refrigerator with a co-worker from the fourth floor down to the garage via an escalator he complained of back pain that radiated to bilateral hips. He was evaluated and treated with pain medications, physical therapy session, chiropractic care, electrostimulation and utilizing a transcutaneous nerve stimulator unit. A secondary treating office visit dated January 07, 2015 reported chief current complaint of low back pain radiating to bilateral buttocks and upper hamstrings. Current medication regimen consisted of Norco 5mg and 325mg once daily. Magnetic resonance imaging study performed on June 11, 2014 revealed disc desiccation, loss of height and bulging at L4-5 and L5-S1 And bilateral foraminal stenosis. The worker has gone through failed conservative treatment to involve anti-inflammatory, activity modification, and physical therapy session. The plan of care noted administration of an epidural injection. The treating diagnoses were lumbar spine with spondylotic changes, canal stenosis, annular tear and disc protrusion. The worker is to remain off from work duty through March 30, 2015. Omeprazole was added to the medication regimen at a secondary follow up dated February 18, 2015. The patient had received an unspecified number of PT, chiropractic and acupuncture visits for this injury. The medication list includes Norco, Neurontin, Ibuprofen and Omeprazole. The patient had used a TENS unit for this injury. Per the note dated 7/22/15, the patient had complaints of low back pain with radiation to the bilateral lower extremities. Physical examination of the lumbar spine revealed tenderness on palpation, antalgic gait, unable to walk

heel toe gait, 4-5/5 strength and decreased sensation in right lower extremity and positive SLR. The patient uses crutches for ambulation. The patient has had MRI of the lumbar spine on 6/11/14 that revealed disc protrusions, foraminal narrowing, and CT scan of lumbar spine on 2/12/15 that revealed spinal stenosis and disc bulges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra operative Xrays, greater than 4 views: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: Request: Intra operative X-rays, greater than 4 views. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "3) Injections should be performed using fluoroscopy (live x-ray) for guidance." This is a request for Intra operative X-rays, greater than 4 views during the ESI (epidural steroid injection). Fluoroscopy (which is itself like a live x-ray) is an integral part of the epidural steroid injection procedure. The rationale for placing a separate duplicate request for Intra operative X-rays, greater than 4 views, (in addition to the ESI with fluoroscopy) was not specified in the records specified. With this, it is deemed that the medical necessity of the request for Intra operative X-rays, greater than 4 views is not medically necessary for this patient.