

Case Number:	CM15-0181760		
Date Assigned:	09/23/2015	Date of Injury:	07/06/2011
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male who sustained an industrial injury on 07-06-2011. Physician impression includes chronic pain syndrome, low back pain, lumbar disc disease, lumbar degenerative disc disease, lumbar facet pain, lumbar stenosis, lumbar radiculitis, lumbar strain, myalgia, and numbness. Report dated 08-20-2015 noted that the injured worker presented with complaints that included chronic low back pain with numbness in the low back and posterior lower extremities, and right foot numbness. Pain level was 7-8 (without medications) and 6-7 (with medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-20-2015 revealed an antalgic gait, decreased range of motion secondary to pain, decreased sensation over the left L4, L5, and S1 dermatomes, tenderness to the perispinous muscles and myofascial restrictions, and straight leg raise is positive on the right. Previous diagnostic studies included lumbar spine MRI's and bilateral lower extremity EMG-NCS. Previous treatments included medications, H-wave unit, chiropractic therapy, massage therapy, home exercise program, and physical therapy. Current medication regimen includes Lidoderm patches and ibuprofen. The treatment plan included continuing with home exercise program, heat, and ice, request for transforaminal bilateral L4 lumbar epidural steroid injection with conscious sedation and fluoroscopic guidance, continue medication management, the injured worker was given an ice pack, and follow up in 6 weeks. Work status was documented as full duty. The utilization review dated 08-26-2015, non-certified the request for transforaminal bilateral L4 lumbar epidural steroid injection with conscious sedation and fluoroscopic guidance, and an ice pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal bilateral L4 lumbar epidural steroid injection with conscious sedation and fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with chronic low back and leg pain. The request is for Transforaminal bilateral L4 lumbar epidural steroid injection with conscious sedation and fluoroscopic guidance. The request for authorization is dated 08/21/15. MRI of the lumbar spine, 06/01/12, shows at L3-4, there is a disc bulge mildly effacing the thecal sac, the neural foramina are narrowed, appearing moderate on the right and mild on the left; at L4-5, there is a disc bulge mildly effacing the thecal sac, the neural foramina are mildly narrowed. EMG/NCS of the bilateral lower extremities, 06/19/14, shows chronic bilateral L4 radiculitis. Physical examination of the lumbar spine reveals tenderness over the lumbar paraspinals and lumbar facet joints. There is pain with lumbar flexion and extension. Straight leg raise is positive. Sensation is intact in the lower extremities but decreased over bilateral L4 dermatomes. He continues to use the H-wave as needed for pain relief. He also feels chiropractic therapy and massage therapy are very helpful in providing pain relief and allowing him to complete ADLs and work. Patient's medications include Lidoderm, Motrin, Pravachol, Diovan, Viagra, Fish Oil, and Aspirin. Per progress report dated 09/24/15, the patient works full duty. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 09/24/15, treater's reason for the request is "We do feel he is a good candidate for this." In this case, patient present with low back pain radiating to lower extremities. Additionally, radiculopathy is documented in physical examination findings with positive straight leg raise. Given the dermatomal distribution of pain documented by physical examination findings and corroborated by electrodiagnostic study, the request appears to meet MTUS guidelines indication. Therefore, the request is medically necessary.

Ice pack: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under Cold/Heat Packs.

Decision rationale: The patient presents with chronic low back and leg pain. The request is for ICE PACK. The request for authorization is dated 08/21/15. MRI of the lumbar spine, 06/01/12, shows at L3-4, there is a disc bulge mildly effacing the thecal sac, the neural foramina are narrowed, appearing moderate on the right and mild on the left; at L4-5, there is a disc bulge mildly effacing the thecal sac, the neural foramina are mildly narrowed. EMG/NCS of the bilateral lower extremities, 06/19/14, shows chronic bilateral L4 radiculitis. Physical examination of the lumbar spine reveals tenderness over the lumbar paraspinals and lumbar facet joints. There is pain with lumbar flexion and extension. Straight leg raise is positive. Sensation is intact in the lower extremities but decreased over bilateral L4 dermatomes. He continues to use the H-wave as needed for pain relief. He also feels chiropractic therapy and massage therapy are very helpful in providing pain relief and allowing him to complete ADLs and work. Patient's medications include Lidoderm, Motrin, Pravachol, Diovan, Viagra, Fish Oil, and Aspirin. Per progress report dated 09/24/15, the patient works full duty. ODG Guidelines, Low Back Chapter under Cold/Heat Packs recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. Per request for authorization form dated 08/21/15, treater's reason for the request is "to reduce pain." The patient continues with low back pain radiating to lower extremities. ODG guidelines recommend the use of Hot and Cold Pack/Wrap for acute pain. Review of reports does not indicate prior usage of cold packs, nor has the patient had any recent surgical interventions. However, given the patient's continued pain and the guidelines support for the use of cold/heat packs, the request is medically necessary.