

Case Number:	CM15-0051441		
Date Assigned:	03/24/2015	Date of Injury:	02/08/2013
Decision Date:	05/13/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male, who sustained an industrial injury on 2/8/2013. He reported falling backwards down several concrete steps. The injured worker was diagnosed as having thoracic sprain/strain, lumbar radiculopathy, lumbar disc herniation and lumbar discogenic pain. There is no record of a recent radiology study. Treatment to date has included chiropractic care, physical therapy and medication management. Currently, the injured worker complains of low back pain that radiated to the right lower extremity. In a progress note dated 2/4/2015, the treating physician is requesting lumbar epidural steroid injection and motorized cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at the right L4-L5 level using a transforaminal approach: Overturned

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

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

Decision rationale: I respectfully disagree with the UR physician although a copy of this review is not available. A progress note dated February 4, 2015 includes a complaint of low back pain radiating to the right lower extremity the physical examination on this date reveals a positive right-sided straight leg raise test and decreased sensation in the right L5 dermatome. Motor strength was 5/5 and deep tendon reflexes were hyper-reflexic in the right lower extremity An MRI of the lumbar spine dated June 12, 2014 reveals a disc protrusion at L4 - L5 which indents the anterior thecal sac but does not result in any neural foraminal compromise. Facet hypertrophy was present at this level. Nerve conduction studies also revealed a right side L5 radiculopathy. Considering the injured employees abnormal neurological findings on physical examination, subjective complaints, and nerve conduction study results, this request for a transforaminal epidural steroid injection on the right at L4 - L5 is medically necessary.

Motorized cold therapy unit for purchase only: Upheld

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) Continuous flow cryotherapy, Knee/Low back.

Decision rationale: The physician did not delineate why he felt this device was needed, only that it was needed for after the procedure. Since the procedure only involves a needle placement, it is unclear what the indication for a cold unit is, and why a normal ice pack would not suffice. These units are indicated primarily for knee and shoulder conditions. Therefore, the requested medical treatment is not medically necessary.