

Case Number:	CM14-0160233		
Date Assigned:	10/03/2014	Date of Injury:	09/20/2013
Decision Date:	12/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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:

This is a 30-year-old male with a date of injury of 9/20/2013. A progress note dated 7/24/2014 states the patient is complaining of low back pain which radiates into his upper thigh and occasionally into his buttocks. He received diagnostic facet blocks in the lumbar spine at L4-5 and at L5-S1 without any significant relief. Straight leg raise causes back pain bilaterally. He has no motor or sensory deficit and his deep tendon reflexes are symmetrical. His MR scan shows a small 2-3 mm disc protrusion with an annular tear at L4-L5. Request is made for a transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal epidural injection: Upheld

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

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

Decision rationale: The chronic pain guidelines state that epidural injections are an option for the treatment of radicular pain. This patient does not have radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies. This patient has

no objective evidence on physical examination of radiculopathy and his MR scan shows a small disc protrusion with an annular tear but no nerve compromise or foraminal stenosis. In addition the patient must be unresponsive to conservative treatment. He is on NSAIDs but there is no documentation of physical therapy or other active therapies and physical methods. Therefore, without having signs or symptoms of radicular pain and without having corroboration on the MR scan, the medical necessity for transforaminal epidural injections has not been established.

Motorized cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cryotherapy

Decision rationale: Cryotherapy is recommended for the first few days of acute symptoms but there is little evidence supporting the use of long-term cold therapy. This patient is well into the phase of chronic pain. The use of cold packs are as effective as a motorized cold therapy unit. Therefore the medical necessity for using a motorized cold therapy unit has not been established.