

Case Number:	CM14-0211116		
Date Assigned:	12/23/2014	Date of Injury:	06/12/2014
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51-year-old man who sustained a work-related injury on June 12, 2014. Subsequently, the patient developed chronic low back pain. MRI of the lumbar spine dated September 10, 2014 documented moderate degenerative disc disease at L5-S1 with modic II fatty marrow replacement endplate margins opposing this interspace. There was additional moderate degenerative disc thinning at L2-3 with a small focus of fatty marrow change posteriorly. There was L2-3 mild central to right lateral disease osteophyte complex. There was L3-4 left lateral disc protrusion of 3 mm demonstrated mild extra foraminal extension with moderate foraminal stenosis. There were L4-5 subtle lateral disc bulges without significant stenosis. There was L5-S1 mild but greater facet joint disease compared to the other lumbar levels. There was only subtle posterior disc osteophyte complex without contact to the thecal sac, significant peripheral stenosis or nerve roots impingement. According to the progress report dated November 12, 2014 the patient had difficulty walking and sleeping due to pain. The patient reported intermittent numbness and tingling on the low back, and constant lower back pain. Physical examination revealed tenderness in midline lumbar spine L3-4 to L5-S1 levels. There was difficulty on heel and toe walk. There was unsteady gait. The lumbar spine range of motion at flexion was 30 degrees, at extension was 10 degrees, at bilateral rotation was 20 degrees, and bilateral lateral flexion was 20 degrees. There was tenderness on left sacroiliac joint. There was positive Fortinger test and there was positive figure test on the left. There was weakness noted in the left lower extremity included hamstring, quadriceps, ankle dorsiflexors, and plantar flexors, and big toe extensors. There was positive straight leg raise on the left at 40 degrees. There was sensory

deficit noted in the left L4 and L5 sensory distribution to pinprick and light touch. There was tenderness on lumbar spine and left buttock. The patient was diagnosed with left lower extremity radiculitis, lumbar myospasms, lumbar spine strain, left sacroiliac joint dysfunction, and sleep disturbances. The provider requested authorization for office visit and Left L3-4 and L4-5 transforminal epidural steroid injection with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit; quantity 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171,Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient’s response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)” There no rational behind requesting 6 consecutive follow up visits. The provider have to document the reasons for such number of follow up visits, the goals and objective of these visits. Therefore, the request is not medically necessary.

Left L3-4 and L4-5 transforminal epidural steroid injection with fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant

long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination or EMG studies of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, Left L3-4 and L4-5 transforaminal epidural steroid injection with fluoroscopy is not medically necessary.