

Case Number:	CM14-0212452		
Date Assigned:	01/13/2015	Date of Injury:	03/18/2010
Decision Date:	02/28/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/18/2014

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: 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 patient is a 35 year old male with an injury date of 03/18/10. Based on the 10/30/14 progress report, the patient complains of low back pain which radiates down the left leg. The 11/10/14 report indicates that the patient has discogenic low back pain, left leg pain, and left foot pain. He has a positive straight leg raise for calf pain at 60 degrees on the left. The 11/20/14 report states that the patient has pain in his limbs. The patient has mild flattening of the normal lumbar lordosis, mild tenderness throughout the lumbar spine, and a decreased range of motion. No additional positive exam findings are provided. The 08/29/14 MRI of the lumbar spine revealed degenerative disease at L4-5 with a small broad-based disk bulge with right lateral annular tear. The disk bulge extended into the right neural foramen and contacted the exiting L4 nerve root. The patient's diagnoses include the following: Neuritis Pain in limb The utilization review determination being challenged is dated 12/05/14. Treatment reports are provided from 03/21/13-12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation prior to Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 120, Consultation

Decision rationale: The patient complains of left foot pain and low back pain which radiates down his left leg. The request is for a consultation prior to injection. ACOEM Practice Guidelines, 2nd edition (2004), page 120, has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the patient is requesting for a consultation prior to his injection. The reason for the request is not provided. The requested ESI at L4-5 is authorized and there is no indication of why the patient needs a consult before the injection. Therefore, the requested consultation prior to injection is not medically necessary.

L4-5 Epidural Steroid Injections (ESI): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46-47.

Decision rationale: The patient complains of left foot pain and low back pain which radiates down his left leg. The request is for a L4-5 Epidural Steroid Injections (ESI). The utilization review denial rationale is that "the patient has reported that he is responding favorably to physical therapy... epidural steroid injections should occur when other conservative options have failed." Review of the reports provided does not indicate if the patient has had a prior epidural steroid injection. In regards to epidural steroid injections, MTUS pages 46-47 have the following criteria under its chronic pain section: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year." The patient has a positive straight leg raise for calf pain at 60 degrees on the left, mild flattening of the normal lumbar lordosis, mild tenderness throughout the lumbar spine, and a decreased range of motion. The 08/29/14 MRI of the lumbar spine revealed degenerative disease at L4-5 with a small broad-based disk bulge with right lateral annular tear. The disk bulge extended into the right neural foramen and contacted the exiting L4 nerve root. A trial of lumbar epidural steroid injection is reasonable. The requested L4-5 epidural steroid injection is medically necessary.

