

Case Number:	CM14-0212752		
Date Assigned:	01/13/2015	Date of Injury:	04/16/2009
Decision Date:	03/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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: Preventive Medicine, Occupational 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:

Patient is a 60 year-old male with date of injury 04/16/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/24/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed it to be very stiff with pain. Extension was to 10 degrees and flexion was to 40 degrees causing moderately severe low back pain. Positive straight leg raising on the right side, with the patient in a seated position, at 60 degrees, caused low back pain with shooting pain to the right lower extremity on attempt of sciatic stretch test. The same test on the left side caused low back pain but a negative sciatic stretch test. Diagnosis: 1. Comminuted fracture of the right distal humerus, status post reduction, and internal fixation. 2. Strain/sprain of the right shoulder with rotator cuff tear. 3. Lumbar sprain/strain with discogenic pain, compression fracture of L1 suspected. Patient has not had any previous epidural steroid injections for the lumbar spine. No previous x-rays of the lumbar spine were found in the medical records supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural for L5-S1: Upheld

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that 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. The patient's medical record fails to document the necessary criteria. Lumbar epidural for L5-S1 is not medically necessary.

X-ray of the lumbar spine with 5 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 303 & 308.

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

Decision rationale: The MTUS states that radiographs of the lumbar spine are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that a lumbar x-ray is indicated. A physician states in the diagnoses section of the possibility exists that the patient has a compression fracture. There is no history or physical exam findings present in the medical record, however, indicating that a fracture exists. X-ray of the lumbar spine with 5 views is not medically necessary.