

Case Number:	CM13-0019104		
Date Assigned:	10/11/2013	Date of Injury:	10/13/2009
Decision Date:	01/13/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Management, has a subspecialty certificate in Interventional Spine and is licensed to practice in California. 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 physician 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:

The patient is a 24 year old injured worker with a date of injury of October 13, 2009. The patient suffers from chronic low back pain with bilateral leg symptoms. The request is for Lumbar Epidural Steroid Injections (ESI). Psychological and internal medicine evaluations have been denied per the utilization review letter dated 7/30/13. The claim administrator reported that there was no clear evidence of radiculopathy, and since ESI was not indicated, the other evaluations were unnecessary. A July 15, 2013 report by [REDACTED] states that the patient has lower back pain traveling to his bilateral lower extremities entirely to the feet associated with intermittent weakness and numbness. Pain was reported to at 4-5/10. The exam showed right L5 and S1 dermatomal sensory loss and changes. The Motor exam was normal. The listed diagnoses were displacement of L-discs, lower back pain with bilateral radiculopathy, degeneration of lumbar disc, spinal stenosis, congenital spinal stenosis, and annular tear at L4-5. A MRI of the low spine showed 2mm protrusion at L3-4, 3-4mm at L4-5 and 2-3 mm protrusion at L5-S1, annular fissure/tear at L4-5 and bilateral transiting nerve root compromise. An EMG from April 15, 2011 showed suggestions of right peroneal neuropathy, and right S1 radiculopathy. The attending provider's recommendation was for right diagnostic lumbar ESI at L4-5 and L5-S1 levels. Medical clearance prior to proceeding with the procedure, and psychological evaluation to determine if the patient is sufficiently stable and secure emotionally to undergo this procedure was also recommended by the attending provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at L4-L5 and L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 16th Edition, 2005, pgs. 38-42..

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

Decision rationale: The medical records provided for review reflects that the employee has an EMG positive for S1 radiculopathy, examination showed L5 and S1 nerve root sensory changes, and an MRI with 3-4 mm disc protrusion involving bilateral L5 nerve roots. The MTUS-Chronic Pain Medical Treatment Guidelines supports Epidural Steroid Injection in these situations. The request for Lumbar ESI at L4-L5 and L5-S1 are medically necessary and appropriate.

Clearance from Internal Medicine Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 16th Edition, 2005, pgs. 38-42..

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

Decision rationale: The MTUS, ACOEM and ODG guidelines does not discuss any need for a medical clearance prior to an ESI. ESI is not a procedure that requires a routine medical clearance. The attending provider does not describe any specific medical issues that would require an internal medicine evaluation. The request for a clearance from an Internal Medicine Specialist is not medically necessary and appropriate.

A psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends psychological evaluations for management of chronic pain. In this request, the attending provider has asked for a psychological evaluation to determine the employee's emotional status prior to an Epidural Steroid Injection(ESI). ESI does not require pre-procedural evaluation. The attending provider does not address any specific psychological concerns for performing an ESI . Additionally, ESI is a procedure that can be safely performed regardless of a patient's

psychological profile. The request for a psychological evaluation is not medically necessary and appropriate.