MAXIMUS Federal Services

Case Number:	CM13-0037758		
Date Assigned:	12/18/2013	Date of Injury:	11/21/2012
Decision Date:	02/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 28-year-old male who reported an injury on 11/21/2012 after lifting a 5 gallon bucket causing pain in his lower back. The patient was initially treated with medications and physical therapy. The patient underwent an MRI in 05/2013 that revealed L4-5 disc bulge indenting on the thecal sac. The patient was treated with medications, acupuncture, physical therapy, and an epidural steroid injection. The patient's most recent clinical examination findings included diminished sensation in the L4 distribution and tenderness to palpation over the paraspinal musculature at L3-4, L4-5, and L5-S1. The patient's diagnoses included displacement of lumbar intervertebral disc without myelopathy, myalgia, insomnia, lumbar spondylosis, and bilateral neural foraminal stenosis at L5-S1. The patient's treatment plan included topical analgesics, a home exercise kit, specialty evaluations and an additional epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic lumbar epidural steroid injection at disc levels L4-L5: Upheld

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

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

Decision rationale: The requested therapeutic lumbar epidural steroid injections at disc levels L4-5 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends additional epidural steroid injections are supported by at least 50% pain relief for approximately 6 to 8 weeks and objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient received an epidural steroid injection in 08/2013 at the L4-5. However, the efficacy of that epidural steroid injection was not addressed within the documentation. Additionally, it is noted that the patient received a second diagnostic lumbar epidural steroid injection on 09/10/2013 that did not provide significant benefit. Therefore, an additional epidural steroid injection would not be supported by guideline recommendations. As such, the requested therapeutic lumbar epidural steroid injection at the disc L4-5 level is not medically necessary or appropriate.

Internal medicine specialist for clearance: Overturned

Claims Administrator guideline: The Claims Administrator 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 7, pg. 127.

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) 6, page(s) 163.

Decision rationale: The requested internal medicine specialist for clearance is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends the addition of a consultation when a patient's treatment plan would benefit from additional expertise of a specialist. However, clinical documentation submitted for review does not support treatment of an additional epidural steroid injection. Therefore, the need for internal medicine specialist clearance is not medically necessary or appropriate.

Psychological evaluation for clearance: Upheld

Claims Administrator guideline: The Claims Administrator 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 7, pg. 127.

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) 6, page(s) 163.

Decision rationale: The requested psychological evaluation for clearance is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends the addition of a consultation when a patient's treatment plan would benefit from additional expertise of a specialist. However, clinical documentation submitted for review does not support treatment of an additional epidural steroid injection. Therefore, the need for a psychological evaluation for clearance is not medically necessary or appropriate.