

Case Number:	CM13-0040754		
Date Assigned:	12/20/2013	Date of Injury:	05/03/1996
Decision Date:	02/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in 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 73-year-old female who reported an injury on 05/03/1996. The mechanism of injury was not provided within the medical records. The patient's course of treatment to date was not discussed; however, it is noted that she has undergone several imaging studies and has received at least 2 epidural steroid injections to control her low back pain. She also continues on medications and it is noted in several reports that the patient has good relief from her Butrans patch, allowing her to perform activities of daily living. The patient has a history of opioid addiction and overdose. However, it is noted that since she receives good relief from her Butrans patch, the decrease in pain also decreases her anxiety, and therefore, her medication compliance has been stable. The patient's most recent epidural steroid injection was administered on 05/15/2013; however, there is no objective documentation of decreased pain by way of VAS scales, nor objective measurements regarding increased functional ability. The patient continues to present to the clinic with increased complaints of low back pain radiating to the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 caudal epidural steroid injection: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Guidelines state that the purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in a more active treatment program. Criteria that must be met to indicate an epidural steroid injection include radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the patient must be initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDS, and muscle relaxants. Guidelines also state that no more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. For repeat blocks, there should be documented evidence of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, provided in the medical records. Although the medical records submitted for review provide evidence that the patient received significant relief from previous epidural steroid injections, there was no quantitative documentation supporting this statement. Furthermore, the current request does not specify which levels and by which method-transforaminal or interlaminar will be used. While the patient does receive relief from these epidural steroid injections, without quantitative objective documentation and anticipated levels and mode of injection, the medical necessity and guideline compliance cannot be determined. As such, the request for 1 caudal epidural steroid injection is non-certified.

6 month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Memberships.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address gym memberships; therefore, the Official Disability Guidelines were supplemented. ODG does not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective, and there is need for specialized equipment. The patient is noted to have had success with home exercise and although she was having increasing pain, there is no discussion provided within the medical records detailing the need for a gym membership. Without the documentation needed to support this request, the medical necessity is not established. As such, the request for 6 month gym membership is non-certified