MAXIMUS Federal Services

Case Number:	CM14-0019884		
Date Assigned:	04/30/2014	Date of Injury:	11/28/2005
Decision Date:	07/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/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 injured worker is a 50-year-old female who reported an injury on 11/28/2005 due to a fall that caused a head injury. The clinical note dated 09/25/2013 reported that the injured worker presented with back pain rated a 7/10. The physical examination findings for the lumbar spine were decreased range of motion upon flexion, tenderness to palpation bilateral lumbar paraspinal musculature. The provider recommended specifically to wait until the injured worker's headache resolves before repeating an epidural steroid injection. The provider diagnosed the injured worker with lumbar post lamenectomy syndrome. The provider recommended a lumbar epidural steroid injection with guided fluoroscopy and a neurology consultation within the MPN. The request for authorization form is undated and included with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LUMBAR EPIDURAL STEROID INJECTION WITH GUIDED FLUOROSCOPY: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend epidural steroid injections (ESIs) as an option for the treatment of radicular pain. Current recommendations suggest a second epidural injection if there is at least 50% pain relief with associated reduction of medication use for six to eight (6-8) weeks. The included medical documents make reference to a prior ESI on 10/08/2013, but there is a lack of evidence to support a measurable 50% pain relief, being that the patient's pain intensity is the same. There is also a lack of supported documentation that includes a reduction of pain medication and no clinical demonstrated findings of radiculopathy. Therefore, the request is not medically necessary.

ONE (1) NEUROLOGY CONSULTATION WITHIN THE MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK (ACUTE AND CHRONIC).

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), UPDATED GUIDELINES, CHAPTER 6, PAGE 163.

Decision rationale: The ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The included medical documentation has a diagnoses for the injured worker with lumbar post lamenectomy syndrome. It is unclear how a neurological exam would aid in the providers determination of prognosis, therapeutic management, and determination of medical stability for the injured worker. There was no clear rationale to support the consultation. Therefore, the request is not medically necessary.