

Case Number:	CM14-0147301		
Date Assigned:	09/15/2014	Date of Injury:	09/13/2012
Decision Date:	11/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 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:

This patient sustained an injury on 9/13/12 while employed by [REDACTED]. Request(s) under consideration include Lumbar Spine Epidurals and Functional Capacity Evaluation and Follow-Up Visit. Diagnoses include lumbosacral joint sprain/ intervertebral disc displacement without myelopathy/ thoracic or lumbosacral neuritis/ radiculitis. Computerized muscle testing of 8/13/14 noted 31% impairment. Report of 7/24/14 from the provider noted patient with ongoing chronic low back pain radiating to bilateral lower extremities with associated numbness, tingling and weakness in legs with clinical findings of gait instability. Impression had mild chronic bilateral L4-5 radiculopathy without evidence of peripheral neuropathy. Treatment included EMG/NCV; LESI; FCE and follow-up. The request(s) for Lumbar Spine Epidurals and Functional Capacity Evaluation and Follow-Up Visit were non-certified on 8/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE EPIDURALS: 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 (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Epidural Steroid Injection left L5-S1 is not medically necessary and appropriate

FUNCTIONAL CAPACITY EVALUATION AND FOLLOW-UP VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, FUNCTIONAL CAPACITY EVALUATION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 137-138.

Decision rationale: The patient continues to treat for ongoing significant symptoms with further plan for diagnostic Electrodiagnostic testing along epidural injection interventions. Per the patient's provider, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. As the FCE is not appropriate, the follow-up visit is not medical indicated. The Functional Capacity Evaluation and follow-up visit is not medically necessary and appropriate.