

Case Number:	CM14-0020486		
Date Assigned:	04/25/2014	Date of Injury:	08/01/2013
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
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 Pain Medicine and is licensed to practice in Minnesota. 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 57 year old female with a reported date of injury on 08/14/2013. The mechanism of injury was not submitted with the medical records. An MRI dated 01/31/2014 reported minimal disc bulging at the levels of L4-5 and L5-S1 without evidence of spinal canal or neural foraminal stenosis. The progress noted dated 03/28/2014 reported the injured worker's pain had not improved and she had to go to the emergency room secondary to her increased low back pain. The progress note dated 03/28/2014 rated the injured worker's pain as 5/10 to the low back, and described as sharp with radiation down to both legs. The physical examination reported a range of motion testing to the lumbar spine as within normal limits, but painful as well as negative tenderness to the thoracic/lumbar spine, neurovascular status was intact, negative straight leg raise, motor strength was 5/5, and deep tendon reflexes were 2+. The diagnosis listed on the report was chronic intractable lower back pain. The progress note also reported medications were Diclofenac XR 100mg for anti-inflammatory, Omeprazole 20mg for reduction of NSAID gastritis prophylaxis, and Tramadol ER 150mg daily for chronic pain relief, which gave her some functional improvement and pain relief. The progress note reported the injured worker had a favorable response with more than 50% pain relief to the first lumbar epidural injection, but had a recurrence and worsening of her pain with radiculopathy. The request of authorization form was not submitted with the medical records. The requests are for repeat outpatient lumbar epidural steroid injection for recurrence and worsening pain with radiculopathy, follow-up with orthopedist x5 for follow-up visits, and follow-up with pain management x5 for repeat epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION (LESI): Upheld

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

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

Decision rationale: The injured worker has had a previous MRI, which showed no evidence of spinal canal or neural foraminal stenosis. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as a treatment of radicular pain. The guidelines state epidural steroid injections can offer short-term pain relief and use, and should be in conjunction with other rehab efforts, including a continuing home exercise program. The guidelines also state there is little information on improved function. The guidelines state the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery; but this treatment alone offers no significant long-term functional benefit. The guidelines' criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The guidelines' criteria also recommends that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has previously received a lumbar epidural steroid injection with 50% pain relief; however, there is a lack of documentation regarding the length of pain relief afforded by the epidural injection. The documentation provided reported negative tenderness to the thoracic/lumbar spine, intact neurovascular status, negative straight leg raise, motor strength at 5/5, and deep tendon reflexes at 2+. These findings are inconsistent with radiculopathy as well as the MRI report stating no evidence of spinal canal or neural foraminal stenosis. The guidelines recommend the epidural steroid injection as a treatment option for radicular pain and the pain relief due to the previous injection was 50%, however there is a lack of documentation regarding the length of pain relief. Therefore, the request is not medically necessary and appropriate.

FOLLOW-UP WITH ORTHOPEDIST X5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7 PAGE 127, INDEPENDENT MEDICAL EXAM AND CONSULTATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker has been seeing the orthopedist with regards to her low back pain. CA MTUS/ACOEM Guidelines recommend injured workers with potentially work-related low back complaints should have followup every 3 to 5 days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. CA MTUS/ACOEM Guidelines also state physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. CA MTUS/ACOEM states physician follow-up might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. There is a lack of documentation regarding functional improvement and effective pain relief and additionally the request does not specify the frequency of office visits. Therefore, the request is not medically necessary and appropriate.

FOLLOW-UP WITH PAIN MANAGEMENT X5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, PAGE 127, INDEPENDENT MEDICAL EXAM AND CONSULTATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker received an epidural steroid injection by the pain management specialist. CA MTUS/ACOEM Guidelines recommend injured workers with potentially work-related low back complaints should have followup every 3 to 5 days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. CA MTUS/ACOEM Guidelines also state physician followup can occur when release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. CA MTUS/ACOEM states physician followup might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. There is a lack of documentation regarding functional improvement and effective pain relief and additionally the request does not specify the frequency of office visits for the pain management specialist. Therefore, the request is not medically necessary and appropriate.