MAXIMUS Federal Services

Case Number:	CM14-0020652		
Date Assigned:	04/30/2014	Date of Injury:	04/07/2004
Decision Date:	07/08/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine, 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of April 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical fusion surgeries; earlier lumbar laminectomy; long and short acting opioids; and anxiolytic medications. In a utilization review report dated February 18, 2014, the claims administrator denied a request for functional restoration program, citing lack of supporting information. The epidural steroid injection was denied on the grounds that the applicant had no clear clinical evidence of radiculopathy. The applicant's attorney subsequently appealed. An office visit of March 17, 2014 was notable for comments that the applicant reported persistent neck and low back pain radiating into the legs and arms. The applicant was asked to pursue acupuncture and consider spinal fusion surgery. In a medical-legal evaluation dated January 3, 2014, the applicant was described as having filed for neck and back pain secondary to cumulative trauma at work. The applicant was not working, it was stated, and was receiving total temporary disability benefits. A survey of the records provided suggested that the applicant had in fact had prior cervical epidural steroid injection therapy; however, there is no explicit mention of the applicant's having had lumbar epidural injection therapy. The medical-legal evaluator stated that he did not believe the applicant was a good candidate for further lumbar spine surgery. Earlier notes of December 16, 2013 and December 9, 2013 were both notable for comments that the applicant was awaiting second opinion consultation to consider pursuing an L4-L5 lumbar fusion surgery. A July 12, 2013 lumbar MRI was notable for comments that the applicant had stable multilevel degenerative disk disease and a disk protrusion at L2-L3 with grade 1 degenerative spondylosis at L4-L5. A spine surgery note of September 26, 2013 concluded that the applicant was a candidate for an L4 L5 lumbar fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS).

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

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program include evidence that an applicant is not a candidate for surgery or other treatments which would clearly be warranted to improve pain or function. In this case, however, it does appear that the applicant is a candidate for lumbar spine surgery. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines recommends that an adequate and thorough precursor evaluation be performed to determine the applicant's suitability for the functional restoration program. This does not appear to have been completed here. Therefore, the request is not medically necessary on the grounds that the applicant appears to be a candidate for surgery, a treatment which could result in improvements in pain or function without the proposed functional restoration program and on the grounds that the applicant does not appear to have completed a precursor evaluation before authorization for the functional restoration program was sought.

LESI (LUMBAR EPIDURAL STEROID INJECTION) LUMBAR X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the purpose of epidural steroid injection therapy is to reduce pain and inflammation, restore range of motion, facilitate progress in more active treatment programs, and avoid surgery. In this case, however, the applicant is apparently actively considering and contemplating lumbar spine surgery. It does appear that is actively considering and contemplating lumbar spine surgery. Two separate spine surgeons stated that the applicant is a candidate for spine surgery. It is further noted the applicant is off of work, on total temporary disability. There is no evidence that the attending provider intends to perform the epidural injection for the purpose of facilitating functional restoration and/or to avoid surgery. Therefore, the request is not medically necessary.