

Case Number:	CM14-0059571		
Date Assigned:	07/09/2014	Date of Injury:	01/20/2010
Decision Date:	09/15/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/30/2014

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:

The injured worker is a 67-year-old female who reported an injury on 01/20/2010. The mechanism of injury involved a fall. Current diagnoses include other/unspecified injury to the leg, unspecified monoarthritis of the lower extremity, sprain/strain of the knee, and sprain/strain of the lumbar region. The injured worker was evaluated on 04/09/2014. Previous conservative treatment includes physical therapy, medication management, and epidural injections. The injured worker presented with complaints of persistent lower back pain with radiation into the right lower extremity. Physical examination was not provided on that date. Treatment recommendations at that time included a lumbar epidural steroid injection. A request for authorization form was then submitted on 04/10/2014 for a lumbar epidural steroid injection at L4-5 and L5-S1 with anesthesia and preoperative lab testing. It is also noted that the injured worker underwent an MRI of the lumbar spine on 01/23/2014, which indicated disc bulging with foraminal narrowing at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Epidural steroid injections(ESIs), Criteria for the use of epidural steroid injections.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state epidural steroid injections are recommended for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no physical examination provided on the requesting date. Therefore, there is no objective evidence of radiculopathy. There is also no documentation of a significant functional improvement following the initial epidural steroid injection procedure. As such, the request is not medically necessary and appropriate.

Lumbar epidural steroid facet injection (ESFI) at L4-5 and L5-S1 under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Criteria for the use of epidural steroid injections.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state epidural steroid injections are recommended for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no physical examination provided on the requesting date. Therefore, there is no objective evidence of radiculopathy. There is also no documentation of a significant functional improvement following the initial epidural steroid injection procedure. As such, the request is not medically necessary and appropriate.

Prothrombin time (PT) laboratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Worker's Compensation, 2014 web-based edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Partial thromboplastin time (PTT) laboratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Worker's Compensation, 2014 web- based edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back chapter, Preoperative lab testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.