

Case Number:	CM14-0072281		
Date Assigned:	07/16/2014	Date of Injury:	02/14/2007
Decision Date:	09/03/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 45 year old female who sustained an industrial injury on 2/14/2007, resulting from a slip and fall. She is followed for chronic low back pain radiating down the right lower extremity with paresthesia. She reports being diagnosed with diabetes in 2013. The electrodiagnostic (EMG/NCV) study of the bilateral lower extremities performed on 2/6/2014 revealed a normal study. There is no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy affecting the lower limbs. An MRI of the lumbar spine 3/8/2014 provided the impression: 1. Disc desiccation at L4-5 and L5-S1 with mild associated loss of disc height at L4-5 and L5-S1; 2. Straightening of the lumbar lordotic curvature which may represent an element of myospasm; 3. Hemangioma L1 and L2; 4. L4-5: Broad-based posterior disc herniation which causes stenosis of the spinal canal disc material cause stenosis of the bilateral neural foramen. Disc measurement: Neutral: 3.5mm; 5. L5-S1: Broad-based posterior disc herniation which causes mild stenosis of the spinal canal with associated stenosis of the bilateral lateral recess with contact on the bilateral S1 transiting nerve roots of the bilateral neural foramen that contact the bilateral L5 exiting nerve roots. Disc measurement: Neutral: 3.5mm. The patient was seen for followup evaluation on 3/17/2014, for her low back and neck pain which she rates 3-4/10. She reports she had 3 ESIs (epidural steroid injections) in the lumbar spine 5 years ago with minimal benefit. She reports no significant change in symptoms. She reports continued pain and tingling down right leg to toes of the right foot, and notes numbness on the lateral aspect of the right calf and weakness in the right leg. She continues working full duty. She takes Norco as needed for pain, norflex, ketoprofen cream, and ibuprofen or Tylenol. She denies any side effects. Medications help decrease her pain and increase her activity level. On examination, gait is normal, tenderness to palpation of lumbar is diffuse but greater in right paraspinal musculature. Sensation is decreased in L5 and S1

dermatomes on the right. Right EHL (extensor hallucis longus), PF, TA and eversion strength is 4+/5, and inversion is 5-/5. Straight leg raise is positive on the right at 70 degrees with symptoms radiating to the ankle. Request is for transforaminal ESI at right L5 and S1, and followup in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Right L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Low Back Complaints.

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

Decision rationale: The CA MTUS guidelines state 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 six to eight weeks. The patient reports prior lumbar epidural steroid injections were of minimal benefit. The medical records do not establish this patient obtained clinically significant reduction in pain with associated reduction in medication use for minimal 6 weeks following the previous epidurals. In addition, radiculopathy should be corroborated by imaging and/or electrodiagnostic testing. However, the 2/6/2014 EMG/NCV study was normal, there was no electrodiagnostic evidence of a lumbar radiculopathy. The request is not medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79,92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The CA MTUS ACOEM guidelines state, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. According to the Official Disability Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As

patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In the case of this patient, she is more than 7 years postdate of injury, she has mild pain, symptoms and examination findings are unchanged, she continues working full duty, and is stable on her medications. Given the apparent stability of her long-standing complaints, the medical records do not establish that a routing follow-up in 6 weeks is medically warranted. In addition, the patient is not a candidate for the requested LESI. Given the chronicity of her condition, stable objective findings, no indication of change/worsening of her functional status, and she is not pending any interventional procedures, and the medical records provided, the medical necessity of the request has not been established. The request is not medically necessary.