

Case Number:	CM14-0083494		
Date Assigned:	07/21/2014	Date of Injury:	08/08/2001
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 51 year-old female who reported an injury on 08/08/2001 due to a slip and fall on a wet floor. On 05/12/2014, the injured worker presented with persistent pain in the low back and bilateral knees with increased pain in the bilateral shoulders and wrists. Upon examination of the lumbar spine, there was tenderness to palpation over the spinous process from L1 to L5, and bilateral paravertebral muscles. There was positive straight leg-raise bilaterally, and increased pain in the heel/toe walking. The injured worker ambulated with a slight limp. There was decreased flexion in the knees and crepitus present. The diagnosis was cervical pain and cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, left knee internal derangement, status post-surgery, right knee internal derangement, status post partial knee replacement and history of gastritis. Prior treatment included medications. The provider recommended a follow-up with her orthopedic surgeon and a lumbar epidural steroid injection. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with [REDACTED], Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The request for follow-up with [REDACTED], Orthopedic Surgeon, is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon independent review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. An injured worker's conditions are extremely varied, the 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 outcomes for injured workers are achieved with the injured workers eventual independence from the healthcare system through self-care as soon as clinically feasible. The clinical documentation states that the injured worker has been seen for follow-up appointment with the orthopedic surgeon on 04/24/2014. There is lack of documentation on specific needs to be addressed with an additional follow-up appointment. There is no information on how an additional follow-up appointment will allow the provider to evolve in a treatment plan for the injured worker. As such, the request is not medically necessary.

Lumbar Epidural Steroid Injection (LESI): Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in a more active treatment program when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance, and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review stated that there was tenderness to palpation over the spinous process from L1 to L5 and bilateral paravertebral muscles. There was decreased range of motion and a positive bilateral straight leg raise. More information is needed to address sensory and motor strength deficits. Additionally, there was a lack of evidence of physical exam findings corroborating with electrodiagnostic testing to corroborate radiculopathy. In addition, the documentation failed to specify that the injured worker would be participating in an active treatment program following the requested injection. The provider's request failed to specify the level or levels being requested and it does not specifically the use of fluoroscopy for guidance in the request as submitted. As such, the request is not medically necessary.

