

Case Number:	CM14-0084664		
Date Assigned:	08/06/2014	Date of Injury:	04/05/1997
Decision Date:	09/10/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 55-year-old female who reported an injury on 04/05/1997 due to pulling out a heavy stage light during routine work, when she heard a pop in her back. Diagnoses were lumbar degenerative disc disease with lumbar spinal stenosis at the L3-4, left sided lumbar radiculopathy, and left hip mild osteoarthritis with left hip pain. Past treatments included physical therapy. Diagnostic study was an MRI of the lumbar spine that revealed multilevel lumbar degenerative disc disease from the L3-4 and L4-5 with moderately severe spinal stenosis at the L3-4. There was also clustering of nerve root consistent with arachnoid scarring. Also, there was an EMG study that revealed left lumbosacral polyradiculopathy preferentially affecting lumbosacral nerve roots at the L5-S1. Surgical history was laminectomy and discectomy in 1997. The injured worker had a physical examination on 05/18/2014 with complaints of pain in her lower back that radiated to her left hip and thigh. She described the pain as spontaneous and the pain was aching and shooting. The injured worker complained of weakness in her left leg with the flare up of the pain. The examination of the thoracic spine and the lumbar spine revealed no kyphosis, lordosis or scoliosis were noted. On palpation, no significant tenderness, trigger points or muscle spasms noted. Flexion was to 90 degrees, extension was to 5 degrees, side bending was to 15 degrees bilaterally. Neurological examination was grossly intact. Sensory was normal, motor strength was 5/5 bilaterally, reflexes for the triceps were 2+ on the right, 2+ on the left, biceps were 2+ on the right, 2+ on the left, brachioradialis 2+ on the right, and 2+ on the left. Straight leg raise test was positive on the left side. Patrick's test was positive. Medications were Tylenol and ibuprofen. The treatment plan was for therapeutic epidural steroid injection to help with her left leg radicular pain. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Post-injection follow-up visit, between 5/22/14 and 7/6/14.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Index, 11th ed (web), 2013, Low Back, office visits.

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 Visits.

Decision rationale: The request for 1 post-injection follow-up visit, between 5/22/14 and 7/06/14 is not medically necessary. The Official Disability Guidelines (ODG) state office visits are recommended as determined to be medically necessary. Evaluation and management 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 of necessity for an office visit requires individualized case review and assessment. Previous conservative care modalities were not submitted for review. Due to the lack of information submitted, this request is not medically necessary.

1 Lumbar Epidural Steroid Injection at level lumbar 3-lumbar 4, under Fluoroscopic Guidance, between 5/22/14 and 7/6/14.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid Epidural Injections (SEI) Page(s): 46.

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

Decision rationale: The request for 1 lumbar epidural steroid injection at level lumbar 3, lumbar 4, under fluoroscopic guidance, between 5/22/2014 and 7/06/2014 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, non-steroid anti-inflammatory drugs (NSAIDs) and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar should be injected at 1 session. Prior conservative treatment modalities were not submitted for review. Therefore, the request is not medically necessary.

