MAXIMUS Federal Services

Case Number:	CM14-0147979		
Date Assigned:	09/15/2014	Date of Injury:	08/13/2013
Decision Date:	01/09/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 35 year old male who sustained a work-related injury on August 13, 2013. A request for an office visit/internal medicine consultation and a Lumbar Epidural Steroid Injection were non-certified in Utilization Review (UR) on August 15, 2014. The UR physician determined that per the California MTUS guidelines for epidural steroid injections there must be physician documentation of a finding of radiculopathy and that these findings be corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted for independent medical review included the results of MRI of the lumbar spine dated March 20, 2014 which documented disc desiccation and bulging at L4-5 and L5-S1 levels, L4-5 mild posterolateral spurring, L5-S1 broad-based disc bulging and mild to moderate multilevel facet arthropathy at the lower lumbar levels. A physician note dated March 28, 2014 revealed that the injured worker reported relief in pain from physical therapy to his right knee. The injured worker reported a flare-up of intermittent moderate to severe mid back pain and intermittent moderate low back pain. An examination of the lumbar spine revealed increased tone and tenderness to palpation. The evaluating provider requested a consultation with an internist for evaluation of severe pain in the kidney area. The progress note did not reveal a blood pressure reading nor any documentation of radiculopathy associated with the back pain. A physician note dated May 23, 2014 revealed that the injured worker reported a second injury at work related to a hit in the head with a back hoe and resulting in a stiff neck. The injured worker reported a clicking sensation in his right knee and complained of pain radiation from the knee to the heel of the right foot. On examination, the injured worker had increased tone and tenderness to palpation in the lumbar spine region. He experienced tenderness at the midline thoracic-lumbar junction and over the L5-S1 facets and right greater sciatic notch. The right knee was tender to palpation. The evaluation provider requested authorization for a pain management consultation for possible lumbar

epidural. There was documentation of positive straight leg raising test. July 23, 2014 documented continued lower back pain. The injured worker reported not getting any benefit from the physical therapy sessions and that his blood pressure was continuously high. Examination of the lumbar spine revealed increased tone and tenderness to palpation. There was no documentation of radiation pain from the lumbar spine and no documented blood pressure reading during this evaluation. A request was made for an internal medicine evaluation for the elevated blood pressure and a request for a lumbar steroid injection. There was no symptom or sign noted on the 5/23/2013 related to the kidneys or need for evaluation by an internist. The 7/23/2014 did not specify the range of abnormal blood pressure readings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult office: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that referral for consultation will be necessary when the diagnosis is complex or additional expertise input will be beneficial for the management. The records indicate that the patient was recommended for evaluation by internist to rule out kidney problems and to control the blood pressure. The record did not chow subjective or objective findings of kidney disease. There was no documentation of serial elevated blood pressure measurements available for this review. Therefore, this request is not medically necessary.

Epidural Steroid Injection, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that Lumbar Epidural Steroid Injection can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and PT has failed. The records did not show subjective and objective findings consistent with lumbar radiculopathy. There was no documentation of neurological deficits. The patient reported the presence of uncontrolled blood pressure that could be further elevated by high dose steroid injections. Therefore, the request for Lumbar Epidural Steroid Injection is not medically necessary.