

Case Number:	CM14-0204052		
Date Assigned:	12/16/2014	Date of Injury:	08/24/1998
Decision Date:	02/03/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab 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 47 year-old male who sustained a work related injury August 24, 1998. Past history includes obesity (BMI 39.6), degenerative disc disease, herniated nucleus pulposus, chronic hepatitis C, tobacco use disorder, lumbar epidural injections L3-L4, L4-L5 and L5-S1, and liver transplant. According to a treating physician's office visit progress notes, the injured worker presented for follow-up of back pain. He had completed 4 weeks (12 visits) of physical therapy (including aqua therapy) and feels his pain has worsened. He complains of falling due to weakness. According to the physician, physical therapy reveals the range of motion and the standard leg raise test is worse after completion of treatment. No physical exam performed deferred to physical therapy exam. According to physical therapy daily note dated September 8, 2014, the injured worker reports his back still hurts and hasn't gotten better with treatment. He performed all exercises in the water with discomfort as evident by grimaces on his face. His gait and balance improved and is able to walk with proper posture and can tolerate single leg stance balance exercise for 30 seconds. The physical therapist documents the injured workers symptoms are inconsistent. The treating physician's progress notes documents the diagnoses as degenerative disc disease, unspecified and herniated nucleus pulposus. There are no x-rays, CT scans or MRI reports present in the case file. Treatment plan included repeat epidural and counseling regarding ways to reach a target BMI through nutrition and exercise. According to the utilization review performed November 6, 2014, the request for lumbar spine epidural injections QTY: 3 and fluoroscopic guidance QTY: 3 has been modified to certification approval for lumbar spine epidural injections QTY: 1 and fluoroscopic guidance QTY: 1. Citing MTUS Chronic Pain Treatment Guidelines epidural steroid injections are recommended for radicular pain that has not been responsive to conservative care but does not recommend a series of epidural injections. Therefore, the request was modified to 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural injections, Qty: 3: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Submitted reports have not identified any functional improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this 1998 injury. Criteria for repeating the epidurals have not been met or established. The Lumbar spine epidural injections, Qty: 3 are not medically necessary and appropriate.

Fluoroscopic guidance, Qty: 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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