

Case Number:	CM15-0003496		
Date Assigned:	01/14/2015	Date of Injury:	01/01/2010
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year-old female who reported low back pain after an injury on 01/01/10. The diagnoses have included lumbar strain, lumbosacral radiculopathy, herniated disks, and knee degenerative joint disease. Treatment has included 3 epidural steroid injections, during 2012-2013. The positional, upright MRI on 4/10/14 was reported to show mild disc protrusions and no specific nerve root impingement. The Panel Qualified Medical Examination (QME) of 8/27/14 noted no radicular findings. The lumbar injection had provided a little benefit. The QME noted an epidural steroid injection with facet blocks on 2/23/13 and 11/16/13. The QME noted that the injured worker had now completed an adequate trial of these injections and did not recommend repeat injections of this sort. Per the PR2s of 7/10/14, 8/21/14, 10/16/14 and 12/08/14, there was 8/10 lumbar pain, leg pain, and a pending lumbar epidural steroid injection (LESI) #2. Specific radicular signs were not described. The treatment plan included the second epidural steroid injection (ESI), preoperative laboratory tests, and temporarily totally disabled work status. None of the available reports described specific functional and symptomatic benefit from the prior epidural steroid injections. On 01/05/15, non-certified the ESI and preoperative laboratory studies, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review. The appeal was for bilateral lumbar epidural steroid injection with no side or level specified, and the associated tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection (site/level unspecified) #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression, and there are no clinical findings which correlate with the MRI. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with other rehab efforts, including continuing a home exercise program, or a concurrent more active treatment program. Rather, the injured worker was recommended to cease from nearly all activity, as evidenced by the temporarily totally disabled work status. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the last epidural steroid injections. The current request is for an unspecified location of the injection. An epidural steroid injection must be at a specific side and level. The QME did not describe any specific radicular findings and did not recommend further injections. Another epidural injection is not medically necessary based on the MTUS indications which are not met in this case.

Pre-op labs: CBC: 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.

Pre-op labs: protime: 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.

Pre-op labs: thromboplastin time, partial (PTT): 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.

Pre-op labs: INR: 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.