

Case Number:	CM15-0131553		
Date Assigned:	07/17/2015	Date of Injury:	08/01/2013
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 35-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of headaches reportedly associated with an industrial injury of August 1, 2013. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for a preoperative evaluation/claims evaluation prior to a lumbar epidural steroid injection. The claims administrator referenced an RFA form received on June 23, 2015 in its determination. The claims administrator stated that it was denying the request for preoperative evaluation on the grounds that a primary request for an epidural steroid injection had also been denied on the grounds that the applicant did not have clear or compelling evidence of radiculopathy. The claims administrator referenced a June 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant was placed off of work, on total temporary disability. Extracorporeal shock wave therapy was sought. Multiple dietary supplements and topical compounds were endorsed. Multifocal complaints of low back pain radiating to lower extremities, leg pain, neck pain, and elbow pain were reported. Hyposensorium about the left leg was noted. Multiple dietary supplements and topical compounds were endorsed while the applicant was seemingly placed off of work. The applicant was asked to consult a spine surgeon and obtain electrodiagnostic testing of bilateral lower extremities. The applicant was likewise placed off of work, on total temporary disability, via an earlier note dated May 8, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preop Evaluation Visit for clearance prior to a Lumbar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: No, the request for a preoperative evaluation prior to lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 306 does state that if surgery is a consideration, counseling regarding outcomes, risks, benefits, and expectations is "very important," here, however, the epidural steroid injection which was/is also the subject of dispute was denied through the Utilization Review (UR) process by the claims administrator. It did not appear that the applicant was scheduled to undergo, had undergone, and/or had received approval for the epidural steroid injection which was/is also the subject of dispute. It is further noted that the attending provider failed to set forth a clear or compelling case for a clearance evaluation prior to receipt of a comparatively minor injection procedure. While the MTUS Guideline in ACOEM Chapter 12, page 306 does acknowledge that applicants with comorbid conditions such as diabetes, mental illness, cardiorespiratory disease, etc., may be poor candidates for surgery, here, however, there was no explicit mention of the applicant's carrying comorbidities of diabetes, cardiopulmonary disease, etc. A clear or compelling rationale for pursuit of the pre-procedure clearance evaluation was not, in short, set forth by the attending provider. Therefore, the request is not medically necessary.