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| Case Number: | CM15-0135689 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 01/24/1999 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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: California
Certification(s)/Specialty: Family Practice

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 61 year old male with an industrial injury dated 01/24/1999. His diagnoses included lumbar degenerative disc disease and lumbar sacral radiculopathy. Comorbid conditions include a history of Non-Hodgkin's Lymphoma. Prior treatment included surgery, physical therapy and medications. He presents on 06/04/2015 with complaints of left leg and left foot pain. He was requesting medication refill. He rated pain as 7/10. Physical exam noted positive tenderness of lumbar area. There was increased pain with straight leg raising (left). The provider documents medication is well tolerated without side effects. Treatment request included lumbar epidural left side L4 under fluoroscopy and MD follow up after the injection. Imaging has demonstrated foraminal narrowing. Exam has demonstrated positive straight leg raise test on the left and 3+/5 left peroneus longus strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural left side L4 under fluroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, imaging has demonstrated foraminal narrowing. Exam has demonstrated positive straight leg raise test on the left and 3+/5 left peroneus longus strength. However, the clinical examination findings do not clearly establish evidence of L4 radiculopathy to support the requested injection. The request for Lumbar epidural left side L4 under fluroscopy is not medically necessary and appropriate.

MD follow up after the injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary Online Version last updated 04/06/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Office Visits.

Decision rationale: According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) 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 is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, the request for epidural steroid injection has not been deemed appropriate and therefore the request for MD follow up after the injection is not medically necessary and appropriate.