

Case Number:	CM15-0145471		
Date Assigned:	08/12/2015	Date of Injury:	09/01/2010
Decision Date:	09/22/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old female, who sustained an industrial injury on September 1, 2010, incurring low back, neck and bilateral upper extremity injuries. She was diagnosed with lumbar disc disease with disc herniation, cervical sprain, left shoulder internal derangement syndrome, right shoulder tendinitis and left carpal tunnel syndrome. Treatment included rest, anti-inflammatory drugs, physiotherapy, pain medications, and activity modifications. Currently, the injured worker complained of persistent lower back pain with radiating into the right leg aggravated with prolonged sitting, standing and walking. The symptoms are also aggravated with lifting. There was tightness, weakness, muscle spasms and limited range of motion noted in the injured worker's lower back. The treatment plan that was requested for authorization included lumbar sacral epidural steroid injection, medical clearance with an internal medicine specialist, pre-injection laboratory studies, and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: L4-5 and L5-S1 epidural steroid injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant's physical exam does not corroborate a radiculopathy; therefore, the requested procedure is not medically necessary.

Pre-injection medical clearance with an internal medicine specialist: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgical Consideration.

Decision rationale: Pre-injection medical clearance with an internal medicine specialist is not medically necessary. Per ODG Patients with comorbid conditions, such as cardiac or respiratory disease, diabetes, or mental illness, may be poor candidates for surgery. Comorbidity should be weighed and discussed carefully with the patient. The provider ordered a lumbar epidural steroid injection without clear nerve root pathology on MRI to corroborate with the physical exam where there was no documentation of a straight leg raise or and EMG nerve conduction study indicative of a lumbar radiculitis. If the claimant has a co-morbid condition that will outweigh the temporary benefits of the lumbar epidural steroid injection then the procedure should not be performed; therefore, the request is not medically necessary.

Pre-injection labs to include: CBC: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-operative Clearance.

Decision rationale: Pre-injection labs to include: CBC is not medically necessary. Per ODG, Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed lumbar disc herniation. The requested injection procedure is not medically necessary. Per ODG "Clinical judgment shall be applied to determine frequency and intensity and selection of treatment must be tailored for the individual case"; therefore, the requested test is not medically necessary.

Pre-injection labs to include: SMA7: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-operative clearance.

Decision rationale: Pre-injection labs to include: CBC is not medically necessary. Per ODG, Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed lumbar disc herniation. The requested injection procedure is not medically necessary. Per ODG "Clinical judgment shall be applied to determine frequency and intensity and selection of treatment must be tailored for the individual case"; therefore, the requested test is not medically necessary.

Pre-injection labs to include: PT, PTT with INR: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-operative Clearance.

Decision rationale: Pre-injection labs to include: PT, PTT, with INR is not medically necessary. Per ODG, Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed lumbar disc herniation. The requested injection procedure is not medically necessary. Per ODG, "Clinical judgment shall be applied to determine frequency and intensity and [s]election of treatment must be tailored for the individual case"; therefore, the requested test is not medically necessary.

Pre-injection labs to include: UA: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-operative Clearance.

Decision rationale: Pre-injection labs to include: UA is not medically necessary. Per ODG, Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed lumbar disc herniation. The requested injection procedure is not medically necessary. Per ODG, "Clinical judgment shall be applied to determine frequency and intensity and selection of treatment must be tailored for the individual case"; therefore, the requested test is not medically necessary.