

Case Number:	CM15-0146733		
Date Assigned:	08/07/2015	Date of Injury:	01/10/2013
Decision Date:	09/04/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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: Arizona, 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 32 year old female who sustained an industrial injury on 01/10/2013 when she slipped but did not fall. The injured worker was diagnosed with lumbar disc herniation, lumbar neuritis, anxiety and depression. No surgical interventions were documented. Treatment to date has included diagnostic testing, chiropractic therapy, physical therapy, psychological evaluation and medications. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience low back pain with radiation into the right lower extremity and right knee and ankle pain. The injured worker reported her pain level decreases 2-3 points on the pain scale with medications. The injured worker has difficulty tolerating medications. Evaluation noted an altered gait with orthopedic testing producing facial grimacing. Range of motion was noted as flexion at 65 degrees, extension at 30 degrees, left lateral bending at 20 degrees, right lateral bending at 15 degrees and bilateral rotation at 15 degrees each. The injured worker remains off work. Current medication was noted as Norco. Treatment plan consists of discontinuing Naprosyn and the current request for pharmacological management times 2 sessions and a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological management, quantity: 2 sessions: 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), Pain (Chronic): Office Visits.

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 and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant has been getting pharmacological management for pain management for over a year. There is no indication of need for intervention that cannot be completed by the primary physician. Future response is unknown and complexity is not identified. The request for 2 pharmacological mgmt sessions is not medically necessary.

Lumbar epidural steroid injection, quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI 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 offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current researches do not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In his case, the claimants' symptoms are not corroborated with imaging or recent diagnostics. ESI are not recommended due to their short-term benefit. The level of injection was not defined. The request is not medically necessary.