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| Case Number: | CM15-0188360 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 08/30/2012 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: New York

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 08-30-2012. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar degeneration, chronic radiculopathy and sacroiliitis. MRI of the lumbar spine on 01-08-2013 showed disc desiccation at L1-L2 with 2-3 mm disc bulge more prominent in the right and mild retrolisthesis of L2 over L3 with disc bulge at L2-L5. Electrodiagnostic studies on 04-07-2015 revealed a chronic left L4 (or L3) radiculopathy. Treatment to date has included pain medication, acupuncture, physical therapy, transforaminal epidural steroid injection at L3-L4 and L4-L5 on 08-09-2013, lumbar laminectomy of L3-L4, bilateral foraminotomy of L3-L5, micro-decompression at L3-L5 and epidural steroid injection on 01-03-2014, laminotomy-foraminotomy of L3-L4 and repair of dura on 04-16-2014 and right sacroiliac joint epidurography and sacroiliac joint block on 06-02-2015. There is no documentation that indicates the level of effectiveness of the epidural steroid injections at relieving pain or improving function. In a progress note dated 07-22-2015, the injured worker reported some pain in the low back radiating to the left leg. Objective examination findings revealed decreased range of motion of the lumbar spine, positive FABER test of the right sacroiliac (SI) joint, positive right SI joint compression and positive right SI joint shear test. Work status was documented as temporarily totally disabled. The physician noted that an agreed medical evaluation (AME) had made several recommendations which would be followed. The AME report was not included for review. The physician noted that the injured worker would continue home exercises and that oral and topical pain medication were prescribed. The physician also noted to requests for a lumbar epidural steroid injection at L2-L3, blood work, aqua therapy,

urology consult, MRI of the lumbar spine and a DEXA scan would be ordered. A request for authorization of urologist consultation, complete blood count, chemistry 7, erythrocyte sedimentation rate and epidural steroid injection, lumbar L2-L3 was submitted. As per the 08-26-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. 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. 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. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. The treating provider does not specify what the concerns are that need to be addressed by the specialist. Given the lack of documentation and considering the given guidelines, the requested treatment, Urologist consultation, is not medically necessary.

Complete Blood Count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.labtestsonline.com/CompleteBloodCount].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of lab tests can be found. Within the

information submitted, there is no rationale presented by the treating provider that will help in making the determination for this request. Given the lack of documentation, the requested treatment, Complete Blood Count (CBC), is not medically necessary.

Chemistry 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.labtestsonline.com/ChemistryPanels].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of lab tests can be found. Within the information submitted, there is no rationale presented by the treating provider that will help in making the determination for this request. Given the lack of documentation, the requested treatment, Chemistry 7, is not medically necessary.

Erythrocyte sedimentation rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.labtestsonline.com/ESR].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of lab tests can be found. Within the information submitted, there is no rationale presented by the treating provider that will help in making the determination for this request. Given the lack of documentation, the requested treatment, Erythrocyte sedimentation rate, is not medically necessary.

Epidural steroid injection, lumbar L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Epidural steroid injections (ESIs).

Decision rationale: This requested treatment for Epidural steroid injections (ESIs) is evaluated in light of the CA MTUS and the Official Disability Guidelines (ODG) recommendations. 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ODG criteria do not recommend additional epidural steroid injections, if significant improvement is not achieved with an initial treatment. ODG also state there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Review of medical records indicates this injured worker had no functional improvement from previous Epidural steroid injections (ESIs). The requested treatment, Epidural steroid injection, lumbar L2-L3, is not medically necessary.