MAXIMUS Federal Services

Case Number:	CM15-0189717		
Date Assigned:	10/30/2015	Date of Injury:	09/07/2006
Decision Date:	12/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: North Carolina
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 58 year old female injured worker suffered an industrial injury on 9-7-2006. The diagnoses included lumbar fusion, cervical and thoracic spondylolisthesis with degenerative disc disease, right sacroiliac joint dysfunction, right leg radiculopathy and right greater trochanteric bursitis. On 8-14-2015 the provider reported lower back pain rated 6 to 8 out of 10 with medication and 10 out of 10 without medication. The right leg pain was rated 6 to 7 out of 10 with medication and 10 out of 10 without medication. The upper back pain was rated 5 to 7 out of 10 with medication and 9 out of10 without medication. The right knee pain was rated 7 out of 10 with medication and 10 out of 10 without of medication. Current medication included Gabapentin, Norco and Soma. On exam there was an altered gait. There was tenderness in the lower lumbar spine across the upper buttocks. The right straight leg raise was positive. The right knee had swelling with tenderness and reduced range of motion. The provider noted the injured worker continued to have ongoing, daily and constant low back pain with right lower extremity radicular symptoms that had failed to improve with lifestyle modifications, medication and physical therapy and the request for transforaminal epidural steroid injection at the right L3-4 in an attempt to reduce her radicular pain and increase the functional status. On 6-13-2015 the AME report indicated due to the ongoing use of narcotic medication and significant motor strength weakness of the right lower extremity she should be allowed transportation for medical appointment. The use of public transportation would be difficult and there is significant standing, walking and going up and down steps and exposure to further injury while trying to negotiate this service. She reported she generally had her sister drive her to doctor appointments.

Request for Authorization date was 8-14-2015. Utilization Review on 9-1-2015 determined modification for ongoing follow-up evaluations with a pain management specialists for 6 months to 1 visit, non-certification for Transportation to and from all doctor appointments for 6 months and Right L3-4 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing follow-up evaluations with a pain management specialists for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patients progress, symptoms and ongoing complaints. The patient does have ongoing complaints and symptoms associated with the back pain and depression. However the continued need for 6 months cannot be determined and therefore the request is not medically necessary.

Transportation to and from all doctor appointments for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Procedure summary.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states transportation to in community office visits are only merited for patients with disabilities that prevent any form of self-transportation and usually indicate skilled nursing home level of care. The patient does not meet these criteria and therefore the request is not medically necessary.

Right L3-4 transforaminal epidural steroid injection: Overturned

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 rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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 research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.The patient has the documentation of back pain and there is included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore criteria have been met and the request is medically necessary.