

Case Number:	CM15-0199910		
Date Assigned:	10/15/2015	Date of Injury:	03/19/2008
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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 74 year old male, who sustained an industrial injury on March 19, 2008, incurring upper and lower back injuries. He was diagnosed with cervical degenerative disc disease, cervical stenosis, cervical herniated disc, lumbar degenerative disc disease and spondylosis with disc herniation. Treatment included physical therapy, which helped relieve some pain, anti-inflammatory drugs, muscle relaxants, epidural steroid injection, pain medications and restricted activities. Currently, the injured worker complained of persistent low back pain and neck pain. The pain was worsening and radiating to the bilateral lower extremities. He rated his pain 5 out of 10 on a pain scale from 1 to 10. The low back pain radiated into the left gluteal area. He noted increased numbness, tingling and weakness in the bilateral upper extremities radiating into the hands and fingers. His pain was increased with walking and improved with sitting and resting. The treatment plan that was requested for authorization included right lumbosacral epidural steroid injection, a pain management consultation, and preoperative clearance with an Internist of General Practitioner. On September 25, 2015, a request for epidural steroid injection, pain management consultation and preoperative clearance was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 epidural steroid injection with sedation under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the ACOEM guidelines, ESIs are not recommended due to their short-term benefit. If performed the claimant should have radicular symptoms on exam and confirmed by imaging or diagnostics. In this case, the claimant had an MRI but the results were not provided. The claimant had prior surgeries and interventions but details are unknown. The ESI request does not meet the guidelines criteria and is not medically necessary.

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative), 4/27/2007, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office guidelines 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, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the pain consult was for the ESI. Since the ESI as above is not necessary, the pain management referral is not necessary.

Pre-op clearance with an Internist or general practitioner: 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), National Guideline Clearinghouse and the National Institutes of Health PubMed database.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office guidelines and pg and Other Medical Treatment Guidelines Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; And Karen F. Mauck, MD, MSc, Mayo Clinic, Rochester, Minnesota March 15, 2013 - Volume 87, Number 6 American Family Physician.

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, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. According to the referenced literature, pre-op clearance is not routinely needed for low-risk non-cardiac surgery. In this case, the procedure was low risk- an ESI. The ESI is also not recommended as noted above. As a result, the ESI is not medically necessary.