

Case Number:	CM15-0204507		
Date Assigned:	10/21/2015	Date of Injury:	10/22/2012
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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: California, Indiana, 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 36 year old male who sustained an industrial injury on 10-22-2012. A review of medical records indicates the injured worker is being treated for disc herniation L4-5, L5-S1 3mm and 4 mm respectively status post epidural steroid injection. Medical records dated 7-9-2015 noted he had an epidural steroid injection and that he did well with the injection and pain was completely gone. He was working full duties. Physical examination noted no new motor or sensory deficits. Treatment has included three epidural steroid injections. Utilization review form dated 9-18-2015 noncertified post op office visits with an orthopedist 1 x a month x 6 months and lumbar epidural steroid injection L4-5 left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative office visits with an orthopedist once a month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: Pursuant to the Official Disability Guidelines, post-operative office visits with an orthopedist once a month for 6 months is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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. In this case, the injured worker's working diagnosis is disc herniation L4-L5 and L5-S1, 3 mm and 4 mm respectively. Date of injury is October 22, 2012. Request for authorization is September 9, 2015. According to the utilization review, the injured worker had a prior epidural steroid injection October 29, 2014. According to the July 9, 2015 progress note, the injured worker did well with the epidural steroid injection with resolution of pain until the present. The injured worker is working full-time and pain returned. Objectively, the documentation indicates there were no new motor or sensory deficits. There is no physical examination documented in the record. The injured worker now presents for a third epidural steroid injection. There is no documentation of objective evidence of radiculopathy. There is no objective functional improvement with prior epidural steroid injections (other than subjective improvement). There is no clinical indication or rationale for postoperative orthopedic follow-up office visits one per month time six months. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, post-operative office visits with an orthopedist once a month for 6 months is not medically necessary.

Lumbar epidural steroid injection at left L4-L5: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L4-L5 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnosis is disc herniation L4 - L5 and L5 - S1, 3 mm and 4 mm respectively. Date of injury is October 22, 2012. Request for authorization is September 9, 2015. According to the utilization review, the injured worker had a prior epidural steroid injection October 29, 2014. According to the July 9, 2015 progress note, the injured worker did well with the epidural steroid injection with resolution of pain until the present. The injured worker is working full-time and pain returned. Objectively, the documentation indicates there were no new motor or sensory deficits. There is no physical examination documented in the record. The injured worker now presents for a third epidural steroid injection. There is no documentation of objective evidence of radiculopathy. There is no objective functional improvement with prior epidural steroid injections (other than subjective improvement). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with objective evidence of radiculopathy, no objective functional improvement with prior epidural steroid injections (#2) and guideline non- recommendations in the absence of objective evidence of radiculopathy, lumbar epidural steroid injection at L4-L5 is not medically necessary.