

Case Number:	CM15-0209868		
Date Assigned:	10/28/2015	Date of Injury:	03/06/1995
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old female, with a reported date of injury of 03-06-1995. The diagnoses include L5-S1 radiculopathy to lower extremities, L3-4 discopathy, sacroiliac joint arthropathy, failed back surgery, lumbar arachnoiditis, lumbar spinal stenosis, lumbar polyneuropathy, thoracic spondylosis without myelopathy, and lumbosacral spondylosis without myelopathy. The medical report dated 09-29-2015 indicates that the injured worker complained of back pain with radiation to the left lower extremity, buttocks area, and neck pain. The treating physician noted that the injured worker had an abnormally low deficient vitamin D level. The injured worker rated her pain 5 out of 10. On 08-18-2015, it was noted that the injured worker rated her pain 3 out of 10; and 10 out of 10 at its worse. The physical examination showed positive straight leg raise of the left lower extremity at 40 degrees; and the patellar and Achilles tendon reflexes were difficult to obtain. The injured worker's work status was not indicated. The diagnostic studies to date have included electrodiagnostic studies of the bilateral lower extremities on 07-15-2015, which showed irritability in an S1 distribution, but no frank denervation. Treatments and evaluation to date have included Zoloft, Depakote, Ibuprofen, Tramadol (stopped), and psychiatric treatment. The treating physician requested one L3-4 transforaminal epidural steroid injection, an additional two level L3-4 transforaminal epidural steroid injection #2, and vitamin D 50,000 units #6. On 09-28-2015, Utilization Review (UR) non-certified the request for one L3-4 transforaminal epidural steroid injection, an additional two level L3-4 transforaminal epidural steroid injection, and vitamin D 50,000 units #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 transforaminal epidural steroid injection QTY 1.00: 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 rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific myotomal and dermonatomal neurological deficits or remarkable diagnostics to support the epidural injections, as the patient has intact motor strength and sensation in the extremities with EMG noting irritability at S1 distribution. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure done at 3 levels beyond guidelines criteria. Criteria for the epidurals have not been met or established. The L3-4 transforaminal epidural steroid injection QTY 1.00 is not medically necessary and appropriate.

Additional 2 levels, L3-4 transforaminal epidural steroid injection QTY 2.00: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific myotomal and dermonatomal neurological deficits or remarkable diagnostics to support the epidural injections, as the patient has intact motor strength and sensation in the extremities with EMG noting irritability at S1 distribution. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure done at 3 levels beyond guidelines criteria. Criteria for the epidurals have not been met or established. The Additional 2 levels, L3-4 transforaminal epidural steroid injection QTY 2.00 is not medically necessary and appropriate.

Vitamin D 50,000 units QTY 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Vitamin D (cholecaiferol).

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, Vitamin D, pages 865-866.

Decision rationale: Dietary supplements such as minerals and vitamins may be appropriate for individuals with deficiencies; however, this has not been established here as a result of the industrial injury or illness. Additionally, per ODG, Vitamin D deficiency is not a considered a workers' compensation condition and although musculoskeletal pain may be associated with low vitamin D levels; however, physical inactivity and/or other confounding may explain the relationship factors, making treatment inappropriate. Submitted reports have not demonstrated sufficient indication or clinical findings to support for its use. The Vitamin D 50,000 units QTY 6.00 is not medically necessary and appropriate.