

Case Number:	CM15-0020023		
Date Assigned:	02/09/2015	Date of Injury:	08/23/2012
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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 male, who sustained an industrial injury on 08/23/2012. On provider visit dated 12/15/2015 the injured worker has reported lower back pain and left knee pain. On examination the paralumbar, midline spine of lumbar was noted as well as left knee tenderness. The diagnoses have included status post arthroscopy, extensive synovectomy, partial medical meniscectomy, chondropasty of the medial femoral condyle, and left notch debridement, lumbar stenosis, and lumbar disk disease. Treatment to date has included physical therapy. Treatment plan included lumbar transforaminal epidural steroid injection. On 01/21/2015 Utilization Review non-certified lumbar transforaminal epidural steroid injection, right L4-L5 and follow-up office visits, quantity of five, as not medically necessary. The CA MTUS ACOEM and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection, right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Pain section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at L4-L5 and L5-S1 are 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, nonsteroidal anti-inflammatory's and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnoses are right lower extremity radiculitis; lumbar myospasms; lumbosacral strain; and sleep disturbance secondary to chronic pain. Objectively, vital signs were normal. Lumbar spine range of motion was 45 flexion and extension 10 . There was positive straight leg raising on the right with slight weakness noted in the right quadriceps, hamstrings and adductor and abductor muscles. Gait is "okay with heel and toe walk". The MRI lumbar spine showed no compression fracture or mal-alignment. There were congenital short pedicles and multilevel disc protrusions, which resulted in final stenosis and neuroforaminal stenosis of mild degree. The guideline criteria include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MRI imaging studies does not corroborate radiculopathy and there are no electrodiagnostic test results in the medical record. The medical record contains 14 pages. Additionally, neurologic confirmation of radiculopathy is not present in the medical record. Consequently, absent clinical documentation in support of the criteria for an epidural steroid injection, epidural steroid injection at L4-L5 and L5-S1 are not medically necessary.

Follow-up office visits, quantity of five: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Pursuant to the official disability guidelines, follow-up office visits #5 are 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. In this case, the injured worker's working diagnoses are right lower extremity radiculitis; lumbar myospasms; lumbosacral strain; and sleep disturbance secondary to chronic pain. Objectively, vital signs were normal. Lumbar spine range of motion was 45 flexion and extension 10. There was positive straight leg raising on the right with slight weakness noted in the right quadriceps, hamstrings and adductor and abductor muscles. Gait is "okay with heel and toe walk". The MRI lumbar spine showed no compression fracture or mal-alignment. There were congenital short pedicles and multilevel disc protrusions, which resulted in final stenosis and neuroforaminal stenosis of mild degree. Follow-up office visits are individualized based upon signs and symptoms, clinical stability and the injured worker's

concerns. There is no documentation indicating a series of five office visits are medically necessary. A follow-up office visit can be determined at the time of the initial office visit after a detailed history and physical examination are taken. Consequently, absent clinical documentation to warrant a series of five follow-up office visits, follow-up office visit #5 are not medically necessary.