

Case Number:	CM15-0023077		
Date Assigned:	02/12/2015	Date of Injury:	04/04/2009
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female who reported an injury on 04/04/2009 due to an unspecified mechanism of injury. On 12/16/2014, she presented for a follow up evaluation regarding her work related injury. She reported continued pain in her left leg. A physical examination showed that she walked with a limp. She was diagnosed with status post lumbar spine fusion. It should be noted that the document provided was handwritten and illegible. An MRI of the lumbar spine dated 11/13/2014 showed diffuse congenital narrowing of the spinal canal and hardware seen and noted to be intact. There was also nerve root compromise noted at the L5-S1. The treatment plan was for a lumbar spine epidural injection x3 and transportation to physical therapy and doctor's appointments for 3 months. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural injections X 3: 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), Epidural steroid injections, American Medical Association (AMA) Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there evidence of radiculopathy by physical examination corroborated with imaging and/or electrodiagnostic testing. There should also be evidence that the injured worker has tried and failed all recommended conservative therapy options, documentation that the injection will be performed using fluoroscopic guidance, and additional injections are not recommended unless there is a satisfactory response to the first injection. The documentation provided does not show that the injured worker has signs and symptoms consistent with radiculopathy or that she has tried and failed all recommended conservative treatment options. Also, the request for 3 injections would be excessive and would not be supported without a re-evaluation to determine efficacy of the first injection. Also, the request does not whether the injection would be performed using fluoroscopic guidance. Therefore, the request is not supported. As such, the request is not medically necessary.

Transportation to PT and doctor's appointments for three months: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend transportation when there is evidence that the injured worker cannot get to and from appointments. The documentation provided does not indicate that the injured worker is unable to get to and from appointments. There were no indications that she did not have any body to take her to and from appointments and it was not stated that she was unable to use public transportation. Therefore, the request is not supported. As such, the request is not medically necessary.