

<b>Case Number:</b>	CM15-0035354		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male who sustained an industrial injury on 12/20/2011. His diagnoses, and/or impressions, included chronic cervical strain; chronic lumbar strain; left lumbar-5 radiculopathy; moderate lateral recess stenosis at lumbar 4-5; thoracic/lumbar neuritis/radiculitis; chronic left shoulder impingement; right knee anterior cruciate ligament tear; right knee anterior cruciate ligament reconstruction with medial and lateral meniscectomies (2000); restless leg syndrome; and hypertension. The history notes complaints of low back pain and leg pain, gastrointestinal complaints, hypertension and eye problems. The most current magnetic resonance imaging study - lumbar - was noted to have been done on 5/7/2014. His treatments have included left lumbosacral transforaminal epidural steroid injection therapy and epidurogram under fluoroscopy (10/8/14), work restrictions, and medication management. The medical legal supplemental report of 12/04/2014 shows support for the recommendations made by the physician's request for treatment which included a follow-up evaluation with a pain management specialist for chronic lumbar pain; consultation with an internal medicine physician for hypertension and a gastrointestinal condition; and a left "TFE" with fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-Up Evaluation with a Pain Management Specialist (Chronic pain medications/lumbar): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach : (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) ." There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Follow-Up Evaluation with a Pain Management Specialist is not medically necessary.

**Consultation with an Internal Medicine Physician (Gastrointestinal Condition and Hypertension): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of

MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003).” In this case, there is no clear documentation for current complaints and significant history of any specific gastrointestinal condition. The requesting physician did not provide a documentation supporting the medical necessity for the visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Consultation with an Internal Medicine Physician is not medically necessary.

**Left TFE with Fluoroscopic Guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. There is no documentation that the patient have a sustained pain relief from a previous use of steroid epidural injection (the patient underwent left L4-5 transforaminal epidural steroid injection on October 8, 2014). There is no documentation of functional improvement and reduction in pain medications use. Furthermore, MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). The patient did not fulfill criteria. Therefore, the request for Left TFE with Fluoroscopic Guidance is not medically necessary.