MAXIMUS Federal Services

Case Number:	CM15-0051107		
Date Assigned:	03/24/2015	Date of Injury:	11/06/2012
Decision Date:	05/12/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/18/2015

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, 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 40 year old male, who sustained an industrial injury on 11/06/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral spondylosis and unspecified thoracic/lumbar. Treatment to date has included medication regimen, physical therapy, use of heat, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated 10/28/2014 the treating physician reports complaints of low back pain and bilateral radiculopathy with a pain rating of a two to a five on a scale of one to ten. The treating physician requested bilateral lumbar four to five lumbar epidural steroid injection in the office under fluoroscopic guidance. Operative report from 02/11/2015 noted that the injured worker underwent a lumbar epidural steroid injection under fluoroscopic guidance with a diagnosis of lumbar radiculopathy. The treating physician also requested office visits times five noting that the injured worker is seen monthly for medication refill. The medical records provided did not contain a request for an additional magnetic resonance imaging of the lumbar spine. A progress report dated October 28, 2014 states that the patient defers traditional opioids as he continues to work as a truck driver. Physical examination reveals tenderness in the lumbar spine with pain upon visit loading the neighbors and "bilateral lumbar radicular signs." The current treatment plan recommends naproxen, gabapentin, and authorization for bilateral L4/5 lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit x 5: 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), Office visits.

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

Decision rationale: Regarding the request for 5 follow-up visits, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the 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 such as opiates, or medicines such as certain antibiotics, require close monitoring". The determination of necessity for an office visit requires individualized case review and assessment, 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. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant intermittent reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for 5 office visits over an indeterminate amount of time cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested 5 office visits are not medically necessary.

Bilateral L4/5 Lumbar epidural steroid injection in office under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Bilateral L4/5 Lumbar epidural steroid injection in office under fluoroscopic guidance, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested Bilateral L4/5 Lumbar epidural steroid injection in office under fluoroscopic guidance is not medically necessary.

Additional MRI of the lumbar spine: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.