

Case Number:	CM15-0058081		
Date Assigned:	04/02/2015	Date of Injury:	02/10/2012
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/26/2015

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, 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 60 year old male who sustained a work related injury February 10, 2012. Past history included lumbar degenerative disc disease, thoracic radiculitis, spondylosis, lumbago, and sciatica, s/p right hip replacement, 2014. According to a treating physician's progress notes, dated January 26, 2015, the injured worker presented for right hip pain, mostly the lateral aspect, and lower back pain with radicular symptoms in the right leg. Assessment is documented as osteoarthritis of hip, post-operative, and cervical radiculopathy. Treatment plan includes a prescription for Motrin and request for authorization for transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consult and treatment for transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder medical treatments guidelines, State of Colorado department of labor and employment, 4/257/2007, pg 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 137-8.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one consultation and treatment for a transforaminal epidural steroid injection is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. 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. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. 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); in the therapeutic phase, 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are osteoarthritis-postoperative doing well with good relief of right hip joint pain; residual right low back pain with radiculopathy right leg; and cervical radiculopathy. Subjectively, pursuant to a March 10th 2015 progress note, the injured worker complains of pain over the lateral aspect of the right hip. He still has low back pain with radicular symptoms in the right leg. Objectively, the neurologic evaluation was unremarkable with a normal sensory exam and a normal motor exam. There were no objective findings compatible with radiculopathy. The clinical findings do not meet the criteria for an epidural steroid injection. There are no objective signs of radiculopathy documented on physical examination. There were no corroborating imaging studies in the medical record. Consequently, absent clinical documentation with objective signs of radiculopathy with corroborating imaging studies, transforaminal epidural steroid injections are not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, one consultation and treatment for transforaminal epidural steroid injection is not medically necessary.