

Case Number:	CM15-0060120		
Date Assigned:	04/06/2015	Date of Injury:	07/29/2006
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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 52 year old female who sustained an industrial injury on July 29, 2006. She has reported injury to the cervical and lumbar spine and has been diagnosed with cervical and lumbar radiculopathy, status post C5 - C7 cervical fusion with chronic cervicalgia, advanced degeneration at C4-5 disc with spinal stenosis, cervical radiculitis, multilevel lumbar degenerative spondylosis at L3-4, L4-5, L5-S1, and lumbar facet arthropathy. Treatment has included surgery, medications, and epidural steroid injection. Currently the injured worker continues to have chronic pain to her cervical and lumbar spine. The treatment request included an epidural steroid injection, orthopedic consultation, and a chronic pain functional rehabilitation program consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Epidural Steroid Injection (ESI) at (lumbar) L4-L5 and L5-S1 (sacroiliac):
Upheld

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

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

Decision rationale: Regarding the request for Epidural Steroid Injection, 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. Within the documentation available for review, the patient appears to have clinical and imaging findings suggestive of significant pathology at multiple spinal levels. A consultation with a spine surgeon should help to determine whether or not ESI is likely to be beneficial given the widespread pathology. Given that the results of the consultation may potentially obviate the need for injection at L4-5 and L5-S1, there is no clear indication for ESI prior to that consultation. In light of the above issues, the currently requested Epidural Steroid Injection is not medically necessary.

Orthopedic Spine Surgeon Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 503-524.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has clinical and imaging evidence suggestive of significant pathology at multiple spinal levels. In light of the above, the currently requested consultation is medically necessary.

Chronic Pain Functional Rehabilitation Program Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 30-34 and 49.

Decision rationale: Regarding the request for a functional restoration program consultation, California MTUS supports chronic pain programs/functional restoration program evaluation when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits

motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the medical information available for review, there is no documentation that other methods for treating the patient's pain have been unsuccessful and that the patient is not a candidate where surgery or other treatments. It should be noted that there is a pending surgical consultation and the provider has also recommended ESI. In light of the above issues, the currently requested functional restoration program is not medically necessary.