MAXIMUS Federal Services

Case Number:	CM15-0085307		
Date Assigned:	05/07/2015	Date of Injury:	06/24/2013
Decision Date:	07/08/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 45-year-old male patient who sustained an industrial injury on 06/24/2013. A recent follow up visit dated 03/17/2015 reported the patient with subjective complaint of low back pain. Objective findings showed the lumbar spine with diffuse tenderness. He is diagnosed with low back pain with multilevel degenerative disc protrusion and neuroforaminal stenosis. The plan of care involved: to attend scheduled spine surgeon visit on 03/18/2015, and follow up in 1 month. He will go back to a modified work duty. Back on 05/28/2014 the patient had subjective complaint of persistent low back pain which had temporary relief of symptom after administration of an epidural steroid injection; only lasted a week. He reports pain level of 8 out of 10 in intensity and he is unable to sleep. Objective findings showed the lumbar spine with limited range of motion. There is local tenderness over the entire lumbar region. The assessment described multilevel degenerative disc disease with herniation's, and continuation of symptoms. Surgery is not an option at this time; continue with conservative treatment, start chiropractic sessions and follow up in 4 weeks. In October of 2014 he started acupuncture therapy and was taking Norco, Flexeril and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at left L4-5 and L5-S1 under Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The patient has undergone two previous injections, with not much relief. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The patient does not meet the current criteria at this time. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is not indicated as a medical necessity to the patient at this time.

Preoperative Medical Clearance: 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 ODG Epidural Injection.

Decision rationale: Treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for pre-op clearance and labs prior to an injection. The clinical documents lack documentation that the patient has met the current criteria for an injection. Therefore; the pre-op clearance is not indicated at this time. According to the clinical documentation provided and current guidelines; pre-op clearance and labs is not indicated as a medical necessity to the patient at this time.

Labs, including EKG: 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 ODG Epidural Injection.

Decision rationale: Treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for pre-op clearance and labs prior to an injection. The clinical documents lack documentation that the patient has met the current criteria for an injection. Therefore; the pre-op clearance is not indicated at this time. According to the clinical documentation provided and current guidelines; pre-op clearance and labs is not indicated as a medical necessity to the patient at this time.

X-Ray of chest: 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 ODG Epidural Injection.

Decision rationale: Treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for pre-op clearance and labs prior to an injection. The clinical documents lack documentation that the patient has met the current criteria for an injection. Therefore; the pre-op clearance is not indicated at this time. According to the clinical documentation provided and current guidelines; pre-op clearance and labs is not indicated as a medical necessity to the patient at this time.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, Low Back Pain, Page 305.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the back. MTUS guidelines state the following: Despite the lack of strong medical evidence supporting it, diskography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration. Failure of conservative treatment. Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) Is a candidate for surgery. Has been briefed on potential risks and benefits from diskography and surgery. The clinical documents state that patient has a recent MRI of the back within the past 6 months, there is no indication given for a repeat MRI at this time. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not indicated as a medical necessity to the patient at this time.