

Case Number:	CM14-0133697		
Date Assigned:	08/25/2014	Date of Injury:	09/30/2011
Decision Date:	09/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 51-year-old female who has submitted a claim for Type II complex regional pain syndrome, left sciatica, and status post left ankle arthroscopy associated with an industrial injury date of 9/30/2011. Medical records from the 2013 to 2014 were reviewed. Patient complained of low back pain, rated 3 to 9/10 in severity, described as burning, sharp, aching, throbbing, and shooting. Aggravating factors included lying supine, standing, walking, and sitting. Physical examination showed tenderness and hyperesthesia at left L4 to S1 dermatomes. Reflexes were normal. Muscle strength of the left lower extremity was graded 3/5. EMG/NCV of bilateral lower extremities, dated 8/5/2014, demonstrated abnormal study of the left extremity, normal study of the right leg, evidence of a left chronic sciatic neuropathy with ongoing chronic denervation on top of the neuropathic process. There was axonal loss noted on motor NCS of the left tibial and peroneal divisions of the sciatic nerve, no evidence of right sciatic nerve injury, and no evidence of bilateral lumbosacral radiculopathy. Conclusion was complex regional pain syndrome, consistent with type II. Treatment to date has included physical therapy, occupational therapy, chiropractic care, home exercise program, cortisone injection, left ankle surgery on 4/18/2014, and medications. Utilization review from 8/13/2014 denied the request for L4, L5 & S1 Transforaminal epidural steroid injection under fluoroscopy because the EMG testing showed negative for nerve root injury or radiculopathy; and modified the request for Office or other outpatient visit for the evaluation and management of an established patient (quantity 2) into one visit because continued treatment with a pain management intervention was warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4, L5 & S1 Transforaminal epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS).

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, patient complained of low back pain, described as burning, sharp, aching, throbbing, and shooting. Symptoms persisted despite physical therapy, occupational therapy, chiropractic care, and medications. Physical examination showed tenderness and hyperesthesia at left L4 to S1 dermatomes. Reflexes were normal. Muscle strength of the left lower extremity was graded 3/5. Clinical manifestations were consistent with focal neurologic dysfunction to warrant ESI. However, EMG/NCV of bilateral lower extremities, dated 8/5/2014, demonstrated abnormal study of the left extremity, normal study of the right leg, evidence of a left chronic sciatic neuropathy with ongoing chronic denervation on top of the neuropathic process. There was axonal loss noted on motor NCS of the left tibial and peroneal divisions of the sciatic nerve, no evidence of right sciatic nerve injury, and no evidence of bilateral lumbosacral radiculopathy. Conclusion was complex regional pain syndrome, consistent with type II. There was no note of nerve root compromise or impingement to warrant ESI at this time. Guideline criteria were not met. Therefore, the request for L4, L5 & S1 Transforaminal epidural steroid injection under fluoroscopy is not medically necessary.

Office or other outpatient visit for the evaluation and management of an established patient (quantity 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS).

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case,

patient complained of low back pain, rated 3 to 9/10 in severity, described as burning, sharp, aching, throbbing, and shooting. Patient likewise reported left ankle pain status post arthroscopy on 4/18/2014. Office visit is necessary to monitor patient's response to prescribed medications. However, there was no discussion as to why two office visits should be certified at this time. Moreover, patient is being seen by physiatrist, pain management specialist, and orthopedic surgeon; however, the request as submitted failed to specify the service. Therefore, the request for Office or other outpatient visit for the evaluation and management of an established patient (quantity 2) is not medically necessary.