

Case Number:	CM14-0183611		
Date Assigned:	11/10/2014	Date of Injury:	05/24/2013
Decision Date:	12/17/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 and 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:

The injured worker is a 62-year-old female. Her date of injury was 05/23/2014. Her mechanism of injury was not disclosed in the medical record. Her diagnoses included lumbago, chronic low back pain, facet related pain, mid discogenic disease at L3-4, L4-5, and L5-S1 and gluteal pain. Her past treatments included facet injections, acupuncture, aquatic therapy, and lumbar epidural steroid injections. Her diagnostic studies included an MRI on 04/08/2014 that was unofficial and revealed disc bulges at L3-4, L4-5, and L5-1. On 07/18/2014, she was noted to have complaints of pain, numbness, and tingling in the bilateral thighs and pain in the bilateral low back. It was noted that a previous series of epidural steroid injections did not provide significant long-term improvement. On physical exam, she had decreased range of motion to forward flexion and lumbar extension, moderate facet loading bilaterally with extensive range of motion. She demonstrated mild tenderness over the bilateral sacroiliac joints and bilateral facet joints. She also had negative straight leg raises. It was specified that she remained neurologically intact. Her medications included Neurontin and tramadol. Requests were received for Interlaminar lumbar epidural steroid injection at L4-5 and L5-S1, and an ergonomic evaluation at work. The rationale for the requests was not included in the medical record. The Request for Authorization form was not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar lumbar epidural steroid injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for interlaminar lumbar epidural steroid injection at L4-5 and L5-S1 is not medically necessary. The injured worker has a history of chronic low back pain, facet related pain, and mid discogenic disease at L3-4, L4-5, and L5-S1. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, to be used in conjunction with other active therapies, when there is clear correlation of radiculopathy based on physical examination and diagnostic testing. Repeat injections 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. The clinical notes lack evidence of objective findings of radiculopathy such as loss of strength and/or sensation in a specific distribution. There was no radiculopathy documented by the physical examination. The request did not indicate the use of fluoroscopy for guidance in the request. It was also noted that she had not had significant long-term improvement after previous injection. As such, the request is not medically necessary.

Ergonomic evaluation at work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain, ergonomic interventions and ODG Capabilities and Activity Modification for Restricted Work

Decision rationale: The request for Ergonomic evaluation at work is not medically necessary. The injured worker has a history of chronic low back pain, lumbar discogenic disease, and some facet arthropathy. The Official Disability Guidelines state that ergonomic intervention is recommended as an option as part of a return to work program for injured workers. However, there is conflicting evidence for prevention, so case by case recommendations are necessary. The primary value of the activity modifications is to be used as a communication tool between doctors, patients, employers, and insurers. They can facilitate return to modified duty, which is often a crucial step in the return to work process. However, the documentation from 07/18/2014 states that the patient is working on a full time basis. With the lack of documentation in the medical record stating the need for ergonomic intervention in the injured worker's work place, the request for an ergonomic evaluation at work is not supported by the documentation. Therefore, the request is not medically necessary.