

Case Number:	CM15-0170427		
Date Assigned:	09/25/2015	Date of Injury:	11/30/2004
Decision Date:	10/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/28/2015

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 58 year old female, who sustained an industrial injury on November 30, 2004. Medical records indicate that the injured worker is undergoing treatment for a lumbar spine herniated nucleus pulposus, cervical spine herniated nucleus pulposus, cervical radiculopathy, cervical spondylosis without myelopathy, cervical spinal stenosis, lumbar stenosis, left medial compartment osteoarthritis and left knee degenerative joint disease. The injured worker was noted to be permanent and stationary. The injured worker last worked 5-22-14. On (7-1-15) the injured worker complained of constant neck pain with weakness, numbness and tingling down the left upper extremity to the fingertips and occasional numbness in the right hand. The pain was rated 9 out of 10 on the visual analogue scale. The injured worker also noted constant shooting low back pain with numbness and tingling down the bilateral lower extremities. The pain was rated 8 out of 10. Headaches and left knee pain were also noted. Examination of the cervical spine revealed tenderness to palpation and a limited range of motion. Lumbar spine examination revealed flexion to 20 degrees, extension 10 degrees and right and left lateral bending 15 degrees. A facet provocation test was positive. The bilateral Achilles and patellar reflexes were hypo-reflexive. A Hoffman's, Babinski and Clonus test were negative. A straight leg raise, Lasegue's and Spurling's test were positive on the left. Treatment and evaluation to date has included medications, MRI of the cervical spine, physical therapy (24), chiropractic treatments (24), cervical epidural steroid injections and a lumbar fusion in 2010. Current medications include Tylenol (6 tablets daily). The request for authorization dated 7-1-15 includes requests for bilateral transforaminal epidural steroid injection to the lumbar

three-four foramen (lumbar 3 root) and lumbar four-five foramen (lumbar 4 root), pain management follow-ups and orthopedic follow-ups. The Utilization Review documentation dated 8-12-15 non-certified the requests for bilateral transforaminal epidural steroid injection to the lumbar three-four foramen (lumbar 3 root) and lumbar four-five foramen (lumbar 4 root), pain management follow-ups and orthopedic follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral TFESI L3-4 foramen (L3 root) and L4-5 foramen (L4 root): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral (TFESI) transforaminal epidural steroid injection L3-L4 foramen (L3 nerve root) and L4-L5 foramen (L4 nerve root) are not medically necessary. 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-inflammatories 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 HNP of the cervical spine with stenosis; cervical radiculopathy; HNP of the lumbar spine; lumbar stenosis; and multiple participants. The date of injury is November 30, 2004. The request for authorization is August 5, 2015. The injured worker is under the care of a cardiologist or recent myocardial infarction requiring stents. According to a July 1, 2015 progress note, subjective complaints include neck pain and low back pain. Overall, symptoms are unchanged. Objectively, there is no lumbar spine examination and there is no neurologic evaluation of the lumbar spine and lower extremities. There is no objective documentation of radiculopathy. The documentation contains a neurological evaluation of the cervical spine and upper extremities. Additionally, the injured worker takes Plavix and the cardiologist did not recommend any surgical procedures through August 2015. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical objective evidence of radiculopathy on neurologic evaluation (lumbar spine and lower extremities), bilateral (TFESI) transforaminal epidural steroid injection L3-L4 foramen (L3 nerve root) and L4-L5 foramen (L4 nerve root) are not medically necessary.

Pain Management follow up: 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 Official Disability Guidelines (ODG) Pain section, Follow-up visits.

Decision rationale: Pursuant to the Official Disability Guidelines, pain management follow-up is not medically necessary. 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 medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are HNP of the cervical spine with stenosis; cervical radiculopathy; HNP of the lumbar spine; lumbar stenosis; and multiple participants. The date of injury is November 30, 2004. The request for authorization is August 5, 2015. The injured worker is under the care of a cardiologist or recent myocardial infarction requiring stents. According to a July 1, 2015 progress note, subjective complaints include neck pain and low back pain. Overall, symptoms are unchanged. Objectively, there is no lumbar spine examination and there is no neurologic evaluation of the lumbar spine and lower extremities. There is no objective documentation of radiculopathy. Additionally, the injured worker takes Plavix and the cardiologist did not recommend any surgical procedures through August 2015. The treatment plan space the treating provider is requesting pain management follow-ups with [REDACTED]. The treating provider requested an open-ended number of pain management follow-ups. There is no clinical indication for rationale for an open-ended number of pain management follow-up visits. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for an open-ended number pain management follow-up visits, pain management follow-up is not medically necessary.

Orthopedic follow up: 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 Official Disability Guidelines (ODG) Pain section, Follow-up visits.

Decision rationale: Pursuant to the Official Disability Guidelines, orthopedic follow-up is not medically necessary. 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 medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are HNP of the cervical spine with stenosis; cervical radiculopathy; HNP of the lumbar spine; lumbar stenosis; and multiple participants. The date of injury is November 30, 2004. The request for authorization is August 5, 2015. The injured worker is under the care of a cardiologist or recent myocardial infarction requiring stents. According to a July 1, 2015 progress note, subjective complaints include neck pain and low back pain. Overall, symptoms are unchanged. Objectively, there is no lumbar spine examination and there is no neurologic evaluation of the lumbar spine and lower extremities. There is no objective documentation of radiculopathy. Additionally, the injured worker takes Plavix and the cardiologist did not recommend any surgical procedures through August 2015. The treatment plan space the treating provider is requesting orthopedic follow-ups with [REDACTED]. The treating provider requested an open ended number of orthopedic follow-ups. There is no clinical indication for rationale for an open-ended number of orthopedic follow-up visits. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for an open-ended number of orthopedic follow-up visits, orthopedic follow-up is not medically necessary.