

Case Number:	CM15-0173390		
Date Assigned:	09/15/2015	Date of Injury:	04/21/2013
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 21, 2013. In a Utilization Review report dated June 28, 2015, the claims administrator failed to approve requests for cervical epidural steroid injection, lumbar epidural steroid injection, and a Functional Capacity Evaluation. The claims administrator referenced a July 28, 2015 office visit and an associated August 12, 2015 RFA form in its determination. The claims administrator's medical evidence log, however, suggested that the most recent note on file was dated April 15, 2015; thus, neither the July 28, 2015 progress note nor the August 12, 2015 progress note on which the articles in question were sought were seemingly incorporated into the IMR packet. On April 13, 2015, the applicant's secondary treating provider conducted a record review suggesting that the applicant had various issues to include fibromyalgia (FM), knee pain, ankle pain, and periodontal disease. The secondary treating provider referenced a May 6, 2015 progress note which stated that the applicant had failed to return to work owing to multifocal pain complaints. There was no seeming mention, however, as to whether the applicant had or had not had a prior epidural steroid injection. A March 16, 2015 supplemental report also made no mention of whether the applicant had or had not had prior epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection C6-7 cervical & lumbar L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the request for a C6-C7 cervical epidural steroid injection and an L3-L4 lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that there should be radiographic and/or electrodiagnostic corroboration of radiculopathy. Here, neither the July 28, 2015 office visit nor the August 12, 2015 RFA form on which the article in question was proposed were incorporated into the IMR packet. The historical information on file failed to support or substantiates the request. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's response to earlier epidural blocks (if any) was not seemingly detailed or characterized via the historical documentation furnished. Therefore, the request was not medically necessary.

Evaluate of functional capacity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, Independent Medical Examinations & Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: Similarly, the request for an evaluation of functional capacity (AKA Functional Capacity Evaluation) was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and/or restrictions and to determine work capability, here, however, the applicant was off of work and was no longer working, the applicant's secondary treating provider reported on April 15, 2015. The secondary treating provider reviewed a March 6, 2015 progress note suggesting that the applicant was off of work and had not returned to work since an unspecified point in 2014. It was not clearly stated or clearly established why a Functional Capacity Evaluation was sought in the clinical and/or vocational context present here. Again, however, neither the July 28, 2015 progress note or the August 12, 2015 RFA form in which the article in question was proposed were incorporated into the IMR packet. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Functional Capacity Evaluation as a precursor to enrollment in a work hardening program, here, however, the historical information on file made no mention of the applicant's intent to enroll in a work hardening program. Therefore, the request was not medically necessary.

