

Case Number:	CM15-0027228		
Date Assigned:	02/19/2015	Date of Injury:	05/03/2007
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old male, who sustained an industrial injury on 5/3/07. He has reported low back pain. The diagnoses have included thoracic/lumbosacral neuritis and lumbar sprain/strain. Treatment to date has included oral pain management. (EMG) Electromyogram and (NCS) Nerve Condition Velocity studies performed on 7/28/12 revealed no obvious lumbosacral radiculopathy. Currently, the injured worker complains of increased left leg pain with sitting. Tenderness was noted of lumbosacral area with decreased range of motion to same area on 11/12/14. On 2/5/15 Utilization Review non-certified L5-S1 left transforaminal epidural steroid injection and consult report, noting criteria states is for radiculopathy, Electrodiagnostic assessment stated there is no radiculopathy, noting the lack of information as to what the request is for. The MTUS, ACOEM Guidelines, was cited. On 2/10/15, the injured worker submitted an application for IMR for review of L5-S1 left transforaminal epidural steroid injection and consult report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), www.odg-twc.com; Section: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 47.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication of previous epidural injection. The 7/2012 EMG report documents that the worker had epidurals x 3 in 2009, but the duration of benefit and quantity of pain reduction are not available. Furthermore, the electrodiagnostic testing was negative for lumbar radiculopathy. Given this, the currently requested repeat lumbar epidural steroid injection is not medically necessary.

Consult report: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), www.odg-twc.com; Section: Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, the patient has had a consultation and "consult report" should be a standard part of the consultation process. Even the utilization review determination acknowledged this but for whatever reason denied this request. This report should be made available for any consultants the worker has seen related to the industrial claim(s).