

Case Number:	CM15-0046435		
Date Assigned:	03/18/2015	Date of Injury:	09/11/2000
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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 56-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 11, 2000. In a utilization review report dated March 3, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection and an associated psychological clearance while apparently approving a pain management follow-up visit. An RFA form and associated progress note of February 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was using Vimovo and Zanaflex for pain relief. The applicant's low back pain was scored as severe and worsening, as stated in one section of the note. The applicant exhibited a visibly antalgic gait. Provocative discography, a pain management consultation, and lumbar epidural steroid injection were proposed while the applicant was kept off of work, on total temporary disability. The attending provider stated that the applicant had undergone earlier unsuccessful lumbar discectomy surgery and earlier failed lumbar facet arthropathy process. It was not clearly stated whether the request for an epidural represented a first-time request or a renewal request. The attending provider seemingly suggested that the applicant obtain a psychological evaluation as a precursor to either the discogram and/or epidural steroid injection. Electrodiagnostic testing of September 11, 2004 was notable for right distal peroneal neuropathy with no evidence of lumbar radiculopathy, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: 1. No, the proposed L4-L5 epidural steroid injection is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injection therapy is recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualified its recommendation by noting that radiculopathy should be corroborated by imaging studies and/or electro diagnostic testing. Here, however, electro diagnostic testing of September 11, 2014 was notable for a peroneal neuropathy as opposed to a lumbar radiculopathy. It did not appear that the applicant's lumbar radiculopathy status post earlier discectomy was either radiographically and/or electro diagnostically confirmed. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural injections, in this case, however, there was no mention of the injection in question being proposed for diagnostic purposes. Therefore, the request is not medically necessary.

Consultation with a psychologist for clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 388.

Decision rationale: 2. Similarly, the request for a psychological consultation/psychological clearance evaluation is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 398 does acknowledge that referral to a mental professional is indicated in applicants whose mental health issues become disabling or persist beyond three months, in this case, however, there is no mention of the applicant as having any mental health issues evident on the February 9, 2015 office visit on which the psychological evaluation was proposed. Rather, it appeared that the attending provider was proposing a psychological evaluation as a precursor to pursue the subsequent lumbar discography. There was, however, no clear or compelling evidence on file to the effect that the applicant had been scheduled for and/or had undergone the discography in question. There was, however, no clear or compelling evidence that the applicant had undergone, was scheduled to undergo, and/or had received approval for the lumbar discography in question. Therefore, the request is not medically necessary.

