

Case Number:	CM15-0046615		
Date Assigned:	03/18/2015	Date of Injury:	06/11/2012
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, hip, and lower extremity pain reportedly associated with an industrial injury of June 11, 2012. In a Utilization Review Report dated March 12, 2015, the claims administrator failed to approve requests for epidural steroid injection therapy, MRI imaging of the hip, and a pain management consultation. An RFA form received on March 2, 2015 was referenced in the determination, as was a progress note of February 17, 2015. Non-MTUS Chapter 7, ACOEM Guidelines were invoked to deny the request for a pain management consultation and were, furthermore, mislabeled as originating from the MTUS. The claims administrator did not state whether the applicant had or had not had previous epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a February 17, 2015 progress note, the applicant reported highly variable 5-8/10 low back pain complaints radiating into the right buttocks and right hip. The applicant was on Norco, Restoril, and Lyrica. The applicant was using at least three Norco daily, the treating provider noted. The applicant exhibited a normal gait with right lower extremity strength ranging from 4-5/5 versus 5/5 about the left lower extremity. Positive straight leg raising was appreciated about the right leg. MRI imaging of the lumbar spine of November 6, 2014 was notable for neuroforaminal narrowing at the L5-S1 level. No evidence of central spinal stenosis or focal disk protrusions was noted, although postsurgical changes were evident at the L3-L4 and L5-S1 levels. Epidural steroid injection therapy was proposed. The attending provider suggested that these injections could play a diagnostic role following the earlier lumbar spine surgery. Norco was renewed. The applicant was given a shoulder

corticosteroid injection in the clinic. MRI imaging of the hip was also suggested. In a February 12, 2015 pain management note, the attending provider noted that the applicant had recently received hip corticosteroid injection therapy and noted that he was now in the process of considering epidural steroid injection therapy. The applicant was placed off work, on total temporary disability, on January 13, 2015, while Lyrica and Norco were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION-EPIDURAL SPINAL (CESI, TESI, LESI) EPIDURAL STEROID INJECTIONS AT L3, L4, AND L5 BILATERALLY: Overturned

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

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

Decision rationale: Yes, the request for a lumbar epidural steroid injection at L3-L4 and L4-L5 was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also supports role for up to two diagnostic epidural blocks. Here, the attending provider posited that the epidural steroid injection in question could play a diagnostic role. The attending provider noted that earlier lumbar MRI imaging following spine surgery had failed to uncover a clear source for ongoing lower extremity radicular complaints and suggested that an epidural steroid injection could play a role in identifying the applicant's primary pain generator(s). The applicant did not have a documented history of having had prior epidural steroid injections since undergoing lumbar spine surgery. Therefore, the request was medically necessary.

MRI WITHOUT CONTRAST OF THE RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (HIP AND Pelvis Chapter) MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Hip and Groin Diagnostic Testing MRI Magnetic resonance imaging (MRI) is not generally used as an initial or secondary test for most hip joint problems since it tends to be less helpful for imaging bones. Recommendation: MRI for Routine Evaluation of Acute, Subacute, Chronic Hip Joint Pathology MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: Conversely, the request for MRI imaging of the hip was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Chapter notes that MRI imaging is not recommended for routine evaluation of subacute or chronic hip joint pathology, the latter of which was present here. Here, the requesting provider made only incidental mention of the applicant's hip pain complaints, noting that the applicant's hip issues seemingly emanated from the lumbar spine. It was not clearly stated how (or if) the proposed hip MRI would influence or alter the treatment plan. ACOEM further notes that MRI imaging is not the initial or secondary test for most hip joint problems. Here, there is no documentation to the effect that the applicant had had non-diagnostic plain film imaging of the hip. The attending provider did not state what the goal of hip MRI imaging was. Therefore, the request was not medically necessary.

PAIN MANAGEMENT CONSULTATION FOR THE LUMBAR SPINE AND RIGHT HIP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 6 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTS PG 127-156.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Finally, the request for a pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off work, on total temporary disability. Earlier lumbar spine surgery had failed. Medication management had not proven altogether beneficial here. Obtaining the added expertise of a physician specializing in chronic pain, thus, was indicated. Therefore, the request was medically necessary.