

Case Number:	CM15-0073937		
Date Assigned:	04/24/2015	Date of Injury:	01/31/2008
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: Indiana

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 injured worker is a 62 year old female, who sustained an industrial injury on January 31, 2008. The injured worker was diagnosed as having chronic lumbago with bilateral lower extremity radiculopathy and significant L4-L5 stenosis with anterolisthesis, lumbar spondylosis with disk desiccation L3-S1, and two years post anterior cervical discectomy and fusion (ACDF) C4-C5 with fusion revision C5-C7. Treatment to date has included cervical fusion, x-rays, MRI, chiropractic treatments, and medication. Currently, the injured worker complains of mid to low back pain with intermittent bilateral right greater than left lateral thigh pain and cramping, with popping of the right knee, cramping of the plantar aspect of her feet, neck soreness, and occasional upper extremity and hand dysesthesias. The Treating Physician's report dated March 11, 2015, noted the injured worker with mild tenderness to palpation of the trapezius muscles bilaterally, with Phalen's test eliciting some mild tingling into the fingers. A MRI of the lumbar spine dated March 2, 2015, showed disk desiccation L2-S1, with moderate spondylosis and disk bulging. The Physician noted the injured worker with significant stenosis at L4-L5 and may benefit from an epidural injection, with referral for a L5-S1 translaminal epidural injection as the stenosis and arthritic changes at L4-L5 may impede an injection at that level. Prescriptions were given for Norco and Lodine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-epidural consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a pain medicine specialist for assessment of an epidural steroid injection. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, 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." There is no justification as to why the treating provider needs a specialist to make a determination on an epidural steroid injection. The UR physician looked at the guidelines and recommended up to 2 ESI's based on the history and physical for this employee. The treating physician should be able to look at the guidelines stated above and send the employee for the procedure. Therefore, the request for a pre-epidural consult is not medically necessary.