

Case Number:	CM15-0092878		
Date Assigned:	05/19/2015	Date of Injury:	11/12/2012
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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, California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 11/12/2012. She reported left hip pain. The injured worker was diagnosed as having lumbar intervertebral disc displacement, lumbago, and pelvic and thigh joint pain. Treatment to date has included left hip surgery, and examination. The request is for a third lumbar epidural steroid injection at L4/5 and sacroiliac joint, and consultation and treatment of the lumbar spine. On 2/14/2014, she was seen for post-operative examination of the left hip. She reported feeling a tingling type pain that radiated down her left lower extremity and swelling of the left foot. She reported her pain to be 5/10. Physical examination revealed pain and tenderness to the left hip. X-rays of the left hip were taken in the office and revealed no degenerative changes status post arthroscopy. The treatment plan included: physical therapy. There are no other medical records available for this review. The patient sustained the injury due to lifting boxes. The medication list include Tramadol, Flexeril and Ibuprofen. The patient had received lumbar ESI on 10/2014 and 2/2015. The patient has had EMG study on 3/20/15 that revealed no radiculopathy. The patient's surgical history include left hip arthroscopy on 2/6/14. Any recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed physical examination of the low back was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third LESI on level: L4-5 and sacroilac joint injection under fluoroscopy and anesthesia:
Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program."The patient had received lumbar ESI on 10/2014 and 2/2015. The patient has had an EMG study on 3/20/15 that revealed no radiculopathy. A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed physical examination of the low back was not specified in the records provided. Per the cited guideline criteria for ESI are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Per the cited guidelines, 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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided . Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Third LESI (lumbar ESI) on level: L4/5 and sacroilac joint injection under fluoroscopy and anesthesia is not medically necessary for this patient.

Consult and treat lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations.

Decision rationale: According to guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient has had an EMG study on 3/20/15 that revealed no radiculopathy. A recent detailed clinical evaluation note of the treating physician was not specified in the records. A recent detailed physical examination of the low back was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. The details of the request for consultation and treatment were not specified in the records provided. The medical necessity of the request for Consult and treat lumbar spine is not medically necessary.