

Case Number:	CM15-0097717		
Date Assigned:	05/28/2015	Date of Injury:	09/03/2014
Decision Date:	06/29/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58-year-old male, with a reported date of injury of 09/03/2014. The diagnoses include lumbar muscle strain and lumbar radiculopathy. Treatments to date have included an MRI of the lumbar spine on 11/26/2014, which showed broad-based bulge at multiple levels, facet hypertrophy, mild central canal narrowing, moderate to severe bilateral neural foraminal narrowing, and ligament flava laxity; transforaminal lumbar epidural steroid injections; home exercise program; oral medications; physical therapy; and x-ray of the lumbar spine which showed disc height loss and osteophyte formation compatible with degenerative disc disease. The progress report dated 04/20/2015 indicates that the injured worker had low back pain. It was noted that the lumbar epidural steroid injection given on 02/13/2015, without significant benefit, and completed 12 out of 12 physical therapy sessions, without significant improvement. The injured worker felt that the Nortriptyline was not helping significantly. The objective findings include a slow antalgic walk, ability to walk on toes and heels, limited and painful range of motion, mild scoliosis to the right in the thoracic region and to the left lumbar region, mild tenderness to palpation over both lower midline and bilateral paraspinal lumbar areas, and negative bilateral straight leg raise test. The treating physician requested a retrospective referral to a PM&R (physical medicine and rehabilitation) specialist for evaluation of the lumbar spine for possible repeat ESI (epidural steroid injection) and a repeat transforaminal epidural steroid injection under fluoroscopy at left L4 and L5 one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 4/16/15) Referral to Pain Management & Rehabilitation specialist, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the retrospective request for Referral to Pain Management & Rehabilitation specialist, Lumbar Spine is not medically necessary.

Appeal 2nd/Repeat Transforaminal epidural steroid injection under fluoroscopy at Left Lumbar L4 and L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not

document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection (injection performed on February 13, 2015). There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for a Repeat Transforaminal epidural steroid injection under fluoroscopy at Left Lumbar L4 and L5 is not medically necessary.