

Case Number:	CM15-0098526		
Date Assigned:	05/29/2015	Date of Injury:	08/30/2013
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old male, who sustained an industrial injury on 8/30/2013. He reported while lifting a sixty pound skylight, the weight caused him to bend backwards injuring his back. Diagnoses include lumbar strain, thoracic herniated nucleus pulposus, and radiculopathy, cervicgia, cervical myofascial strain, left rhomboid strain, cervical facet arthropathy and degenerative disc disease. Treatments to date include activity modification, chiropractic treatment, acupuncture treatment, physical therapy, epidural steroid injections, trigger point injections, and medication management. Currently, he complained of mid back pain and stiffness. Pain was rated 6-7/10 VAS. On 4/1/15, the physical examination documented cervical and lumbar tenderness with limited range of motion noted in the neck and thoracic spine. The plan of care included interlaminar epidural steroid injection at T4-5 and T5-6 levels and ongoing pain management follow up visits. A progress note dated November 26, 2014 indicates that the patient underwent a thoracic epidural steroid injection. A report dated March 30, 2015 states that the epidural injection was "beneficial."

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection at T4-5 and T5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of Lumbar epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat Interlaminar epidural steroid injection at T4-5 and T5-6, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested repeat Interlaminar epidural steroid injection at T4-5 and T5-6 is not medically necessary.

Ongoing pain management follow ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd edition (Text, page 127) - Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a follow-up visits, California MTUS does not specifically address the issue. ODG cites that 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. 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. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for "ongoing follow-ups" cannot be predicted with a high degree of certainty. Guidelines do not support open-ended treatment of any kind. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested follow-up visits are not medically necessary.