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| Case Number: | CM13-0012141 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 08/26/2012 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old male who has submitted a claim for lumbar intervertebral disc displacement without myelopathy associated with an industrial injury date of August 26, 2012. Medical records from 2013 were reviewed. The patient complained of right-sided back pain. He has received lumbar ESI back in December 2012 but response to treatment was not discussed. He also underwent radiofrequency neurolysis of the bilateral L5-S1 on February 18, 2013. However, the patient contracted post-RFA meningitis. Physical examination of the lumbar spine showed limitation of motion and tenderness over the paravertebral muscles bilaterally. Lumbar spine MRI performed on February 27, 2013 revealed no epidural collection; no paraspinal masses of fluid collections in the lumbar spine; and stable mild focal degenerative disk and facet changes at L5-S1. This was compared to lumbar MRI performed on November 5, 2012 which showed very mild stenosis of L2-3, L3-4, and L4-5; 4mm protrusion at L5-S1; and mild facet degeneration. Current diagnoses include stenosis at L2-L5; intermittent right leg radiculopathy; L5-S1 disc displacement; and post-RFA meningitis. Treatment to date has included oral and topical analgesics, muscle relaxants, activity modification, physical therapy, lumbar ESI, facet blocks, and radiofrequency ablation. Utilization review from August 7, 2013 denied the requests for pain management consultation and selective nerve root block L5 were denied. There is no documentation of subjective and objective radicular findings in the requested nerve distributions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a 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. In this case, medical records do not clearly reflect severity of the patient's low back symptoms. There were no objective findings and imaging studies demonstrating the complexity of the condition that warrant additional expertise of a specialist at this time. The medical necessity has not been established. Therefore, the request for PAIN MANAGEMENT CONSULTATION is not medically necessary.

Selective nerve root block, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, most recent physical examinations do not show objective findings of radiculopathy. MRI of the lumbar spine also did not demonstrate any significant canal stenosis or nerve root impingement to warrant an epidural steroid injection. Moreover, the patient had received prior lumbar epidural steroid injections; however the response to treatment was not discussed. The guideline requires presence of objective radiculopathy and at least 50% pain relief lasting 6-8 weeks from previous injection. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for SELECTIVE NERVE ROOT BLOCK L5 is not medically necessary.

