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| Case Number: | CM13-0021534 | | |
| Date Assigned: | 03/12/2014 | Date of Injury: | 03/08/2011 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 record provided notes a 36 -year-old individual with low back pain radiating to the bilateral lower extremities with numbness. The date of injury noted is March 8, 2011. The mechanism of injury reported was assisting a counselor to get a child that was throwing a tantrum out of a vehicle. Upon removing the child from the vehicle the child suddenly dropped to the ground jerking the claimant into a bent position. Over 500 pages of medical records are provided for review evidencing the claimant's diagnosis of lumbar spine degenerative disc disease with bilateral radiculopathy, left greater than right. Diagnostic studies include x-rays and MRI imaging. The record evidences intermittent exacerbations with conservative treatment modalities that included activity modifications, pharmacotherapy, injections, and physical therapy, extracorporeal shockwave therapeutic procedures, and a LINT procedure. A progress note dated March 11, 2014; an initial pain management evaluation indicates low back pain with radiation down the left posterior lateral extremity to the feet in L4-5 and L5-S1 distributions. The pain is a constant 8/10 on the VAS and increased with sitting, standing, and Valsalva maneuvers. Numbness, tingling, and weakness are reported in the left lower extremity. The pain affects activities of daily living. A more recent MRI dated January 3, 2013 reveals an L4-5 broad-based disc protrusion with facet arthropathy and foraminal stenosis and at L5-S1 a 6 mm disc protrusion with severe foraminal and central stenosis. An epidural steroid injection is recommended at the left L4-S1 level. Pharmacotherapy will be continued and the claimant will continue with the home exercise program as directed. Follow-up is recommended in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC MATTRESS ([REDACTED] SIZE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Mattress selection.

Decision rationale: Mattress selection is subjective and based on personal preference and individual factors and not supported by evidence-based studies. Therefore, Medical Treatment Guidelines do not support the purchase of any type of specialized mattress or bedding as a treatment for low back pain in the absence of pressure ulcers such as would occur from a spinal cord injury. When noting that the record does not provide any evidence of a spinal cord injury or pressure ulcers from such, there would be no clinical indication to support the purchase of an orthopedic mattress out of medical necessity. Therefore, this request is not medically necessary.

LUMBAR EPIDURAL CONSULTATION: Upheld

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

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 127.

Decision rationale: Review of the medical record indicates that the claimant was initially evaluated by pain management in August 2011 at which point lumbar epidural steroid injections were recommended and authorized; however, the claimant did not wish to proceed at the time. There are several references in the 500 pages of medical records to potential epidural steroid injections. There is also reference to multiple physician changes since the date of injury. A more recent progress note dated March 11, 2014 from a pain management specialist reiterates the fact that the claimant has been provided multiple conservative treatment modalities without significant relief of pain and once again epidural steroid injections are being recommended. The request for which a review is being made is for a consultation for lumbar epidural. I am unable to identify a narrative in the extensive medical documentation that indicates the purpose for which another pain management consultation is being requested. Due to the fact that there is evidence of an established pain management provider as evidenced on a progress report dated March 11, 2014, and no documentation as to why another consultation would be necessary, rather than a follow up evaluation as was recommended 4-6 weeks after the date of examination (which was February 26, 2014), then the medical record does not provide sufficient documentation of clinical details to substantiate the request for another consultation for lumbar epidural injections. If the purpose of this request was to obtain authorization for a follow-up visit for consideration of lumbar epidural injections, and a recommendation is made to restate the request, as follow-up

evaluation would be clinically indicated. Based on the above, this request for a lumbar epidural consultation is recommended for not medically necessary.