

<b>Case Number:</b>	CM13-0032902		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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:

According to the records made available for review, this is a 46-year-old male with a 7/22/09 date of injury. At the time (7/11/13) of request for authorization for Pain Management consult for possible lumbar ESI, Spine Specialist consult, and Anaprox 550 mg #90, there is documentation of subjective low back pain with radicular symptoms down the left lower extremity to the L5 nerve root distribution of the great toe. Objective finding of antalgic gait, 5/5 muscle strength, DTRs 2+ bilaterally, pain with extension and lateral bend, negative straight leg raise, diminished sensation in the left lower extremity L5 nerve root distribution. Current diagnoses are lumbar radiculopathy, herniated disc lumbar spine. Treatment to date includes medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULT FOR POSSIBLE LUMBAR ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127; 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, herniated disc lumbar spine. In addition, there is documentation of subjective (pain) and objective (sensory changes) radicular findings, and

failure of conservative treatment (medications). However, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) and failure of additional conservative treatment (activity modification and physical modalities). The request for pain management consult for possible lumbar ESI is not medically necessary and appropriate.

**SPINE SPECIALIST CONSULT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127; 300.

**Decision rationale:** The MTUS/ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and herniated disc lumbar spine. In addition, there is documentation of lower leg symptoms and objective signs of neural compromise. However, there is no documentation of imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The request for spine specialist consultation is not medically necessary and appropriate.

**ANAPROX 550MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and herniated disc lumbar spine. In addition, there is documentation of chronic low back pain. The request for Anaprox (Naproxen) 550 mg #90 is medically necessary and appropriate.