

Case Number:	CM13-0067517		
Date Assigned:	01/03/2014	Date of Injury:	10/19/2012
Decision Date:	06/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for myalgia and myositis, unspecified associated with an industrial injury date of October 19, 2012. Treatment to date has included oral analgesics, steroid injection, pain management, chiropractic therapy, physical therapy, and home exercise program. Medical records from 2013 to 2014 were reviewed and showed constant low back pain graded 3-8/10 with radiculopathy to the right lower extremity. The patient reports onset of depression related to pain and disability based on a progress report dated September 19, 2013. Physical examination showed tenderness and limitation of motion with spasm and guarding over the lower lumbar region; a positive straight leg raise leg on the right at 80 degrees; an absent sensation over the L5-S1 distribution on the thigh using Semmes-Weinstein monofilament test with 2.63, while sensation was diminished over the same distribution and using the same monofilament at the leg; and a positive Kemp's test on the right. MRI obtained on January 31, 2013 revealed multilevel degenerative changes superimposed on congenitally short pedicles resulting in lateral recess and foraminal narrowing at L4-5 and L5-S1; left posterolateral disc protrusion at L4-5 and L5-S1; and left posterolateral disc protrusion causing left lateral recess and left neural foraminal narrowing with some nerve root displacement and possible impingement within the left lateral recess at L5-S1. An EMG/NCV was done and confirmed the presence of L5-S1 radiculopathy. Diagnoses include lumbago, right leg sciatica, and right L4-5 facet arthropathy. Current treatment plan included an ongoing pain management. Based on the medical records submitted, the most recent follow-up visit was on January 3, 2014. This included request for lumbar epidural steroid injection, trial of 6 myofascial release therapy sessions, and 6 additional physical therapy sessions. The patient has received a lumbar epidural steroid injection based on a progress report dated January 15, 2014; however the treatment did not provide benefit to the patient. The additional physical therapy

visits were authorized which provided improvement of the patient's condition; while the request for myofascial release therapy was denied. Current pain medications of this patient consist of ibuprofen and naproxen. Utilization review dated December 5, 2013 denied the request for ongoing pain management with [REDACTED] because treatment plan included a pain management consultation for a medial branch block; however, a medial branch block cannot be clinically justified as necessary due to the presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING PAIN MANAGEMENT WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, OFFICE VISITS

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the patient is suffering from chronic pain and will need regular office visits for evaluation of treatment outcomes. In the most recent progress reports from the pain specialist, the patient was advised to undergo acupuncture, myofascial release therapy, and possibly an epidural steroid injection. While monitoring of the patient's response to the aforementioned treatment procedures may be necessary, the request as submitted was non-specific and open-ended. Therefore, the request for Ongoing Pain Management with [REDACTED] is not medically necessary.