

Case Number:	CM14-0003700		
Date Assigned:	01/31/2014	Date of Injury:	04/03/2013
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/09/2014

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 has submitted a claim for thoracic or lumbosacral neuritis or radiculitis, unspecified and lumbar sprain associated with an industrial injury date of April 3, 2013. The patient complains of moderate, constant low back pain rated 7/10 on a pain scale accompanied by burning pain on the hip and radiation into the lower extremities with numbness, tingling and weakness. The patient takes Vicodin, Zolpidem, Ibuprofen and Nizatidine for pain management with improvement of symptoms. Physical examination showed limitation of motion of the lumbar spine; tenderness over the lumbar paraspinal muscles with six trigger points; positive SLR on the right; positive Gaenslen, Fabere, Patrick tests on the right hip; and diminished sensation in the right L4-L5 dermatomal levels. Diagnoses include herniated nucleus pulposus L4-5; right L4- L5 radiculopathy; lumbar ligament strain and spasm; and right SI joint inflammation. EMG/NCV studies of the lower extremities were done on May 30, 2012 and showed a normal NCS; while the EMG study revealed bilateral chronic active L4-5 radiculopathy, greater on the right side than the left. Prior pain management consultation was done on June 12, 2013 which included a treatment plan wherein the patient was started on Vicodin, Motrin and Ambien, and a new MRI of the lumbar spine was requested. Subsequently, a pain management follow-up was done on July 10, 2013 which also included treatment recommendations such as lumbar epidural steroid injections. A repeat MRI of the lumbar spine was obtained on August 2013 and revealed a large disc herniation at the right L4-5 with lateral recess and foramina stenosis. A progress report, dated December 10, 2013, requests for another pain management consult and treatment; however, there was no discussion regarding the rationale for this request. January 29, 2014 progress report shows that the patient had undergone another pain management consultation wherein trigger point injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREATMENT (UNSPECIFIED) WITH PAIN MANAGEMENT FOR LOW BACK:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, SECOND EDITION (2004), , 127

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, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines, 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, a prior pain management consultation was done on June 12, 2013 which included treatment recommendations for the patient. Follow-up visits were also noted. A progress report, dated December 10, 2013, recommends another pain management consult and treatment, which was subsequently done on January 29, 2014. However, the medical records did not reveal uncertainty or complexity of issues on pain management warranting a referral to a pain management specialist. The diagnosis of lumbar radiculopathy was well established and supported by imaging and electrodiagnostic studies. Furthermore, there was no objective evidence of failure of conservative treatment. Moreover, the request failed to specify the treatment being requested. There is no clear rationale for the requested service; therefore, the request for treatment (unspecified) with pain management for low back is not medically necessary and appropriate.