

Case Number:	CM14-0007738		
Date Assigned:	02/07/2014	Date of Injury:	07/30/2013
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Ohio. 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 injured worker is a 26-year-old male who reported an injury on 07/30/2013. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 12/31/2013 reported the injured worker to continue to have pain in the low back area with radiation down the leg. The injured worker reported numbness and tingling down the leg. The injured worker reported symptoms are exacerbated with repetitive lifting, bending, pushing and pulling. The injured worker noted he did not have a problem with bowel or bladder dysfunction. On the physical exam, the provider noted the injured worker to have a positive straight leg raise. The provider also noted the injured worker to have a negative Babinski test. The provider noted the injured worker to have decreased sensation in the S1 dermatome. The injured worker has diagnoses of spinal stenosis and radiculopathy. The provider requested for an epidural injection at L5-S1 for relief of pain and discomfort and also requested for a psychiatrist consultation. The request for the lumbar ESI was provided and submitted on 01/20/2014; however, the request for a psychiatric consultation for the lumbar spine was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST CONSULTATION FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 3,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for a psychiatric consultation for the lumbar spine is non-certified. The injured worker complained of low back pain with radiation down the leg as well as numbness and tingling down the leg. The injured worker noted pain is exacerbated with repetitive lifting, bending, pushing and pulling. The injured worker noted no problem with bowel or bladder dysfunction. The American College of Occupational and Environmental Medicine notes there is moderate research based evidence indicating social, economic and psychological factors that can alter the injured worker's response to symptoms and treatment. The Guidelines do not recommend a referral for extensive evaluation and treatment prior to exploring the patient's expectations or psychosocial factors. The provider's rationale for the request is unclear. There was a lack of documentation supporting the request for a psychiatric consultation for the lumbar spine. There was a lack of subjective and objective findings of psychological symptoms to support the request. Therefore, the request for a psychiatric consultation for the lumbar spine is non-certified.

LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for a lumbar epidural steroid injection at L5-S1 is non-certified. The injured worker complained of low back pain radiating down the leg as well as numbness and tingling down the leg. The injured worker reported the pain is exacerbated with repetitive lifting, bending, pushing and pulling. The injured worker reported no problem with bowel or bladder dysfunction. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The Guidelines note the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Guidelines note unresponsiveness to conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants. The documentation provided indicated the injured worker to have signs and symptoms of radicular pain or objective findings of radiculopathy. Additionally, there was a lack of clinical documentation indicating the injured worker to have tried and failed on conservative care including exercise, physical methods, NSAIDs and muscle relaxants. There was a lack of imaging studies to support the injured worker to have nerve root compression. There was also a lack of electrodiagnostic testing documented. Therefore, the request for a lumbar epidural steroid injection at L5-S1 is non-certified.