

Case Number:	CM14-0009730		
Date Assigned:	02/28/2014	Date of Injury:	09/27/2012
Decision Date:	07/31/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 is 30-year-old male who has submitted a claim for low back pain, lumbar postlaminectomy syndrome associated from an industrial injury date of September 27, 2012. Medical records from 2012-2014 were reviewed, the latest of which dated February 25, 2014 revealed that the patient presents with right leg tingling and numbness, low back pain, right leg pain, and occasional left leg pain. He says his pain is worse since the surgery. He is adamant that he cannot return to work and cannot live with his current amount of pain. He says that physical therapy is not helping him at all. On physical examination, the patient does not appear to be in marked pain. He has a well-healed surgical scar in the lumbar region without evidence of suppuration or spasm. Deep tendon reflexes are 1+ and symmetric at the knees, ankles and toes. MRI of the lumbar spine dated November 6, 2012 revealed that at L4-5 level where there is mild disc narrowing, desiccation and central/right paracentral disc protrusion, which extends posteriorly by 8mm narrowing the right lateral recess and there is contact and slight posterolateral displacement of the traversing right L5 rootlet. MRI of the lumbar spine dated August 22, 2013 revealed postoperative changes at L4-5 with recurrent residual 3.9mm right paracentral disc protrusion. L4-5 left neural foraminal stenosis. On the progress note dated January 6, 2014, the patient's condition is not likely to change with or without medical treatment. It was noted that the patient has reached maximum medical improvement. Treatment to date has included right laminotomy and microdiscectomy at L4-5 (2/11/13), Toradol injection (12/23/13), physical therapy, and medications that include Neurontin, Nortriptyline, Norco and ibuprofen. Utilization review from January 22, 2014 denied the request for Pain Management Consult because the patient's current findings did not document imaging evidence of a lesion that would cause a radiculopathy for which an epidural injection would be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, pages 127, 156.

Decision rationale: As stated on pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, 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 addition, as stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient still complains of pain after surgery and conservative treatment. However, the patient has reached a maximum medical improvement status based on the clinical evaluation done last January 6, 2014. The medical necessity for pain management consult or epidural steroid injection was not established based on the records submitted. Therefore, the request for pain management consult is not medically necessary.