

Case Number:	CM14-0011390		
Date Assigned:	02/21/2014	Date of Injury:	01/20/2004
Decision Date:	08/01/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46 year old male with a reported date of injury on 01/20/2004. The mechanism of injury was noted to be a slip and fall. His diagnoses were noted to include status post lumbar spine surgery with residual pain, radicular syndrome to the lower extremity, status post left knee repair with residual pain. His previous treatments were noted to include surgery, medications, and physical therapy. An MRI performed on 03/24/2013 to the lumbar spine revealed degenerative central stenosis at L4-5, radial posterior annular tear to L5-S1; at L4-5, a 2.7 mm diffuse disc protrusion combined with facet hypertrophy narrowed the neural foraminal and lateral recesses resulting in impingement of the transiting and encroachment of the exiting nerve roots; at L3-4, a 3.0 mm diffuse disc protrusion effaces the thecal sac and narrows the neural foraminal and lateral recesses resulting in encroachment of the exiting and transiting nerve roots. The MRI also revealed at L2-3, a 3.0 mm diffuse disc protrusion abuts the thecal sac; at L5-S1, a 2.7 mm broad based central disc protrusion effaces the thecal sac, mild discogenic spondylosis at L2-S1, facet arthrosis: moderate at L4-5; mild at L5-S1, degenerative grade 1 anterolisthesis to the L4. The progress note dated 01/07/2014 revealed the injured worker complained of status post lumbar spine fusion with residual pain rated 5/10 to 6/10 constant, moderate to severe, associated with radiating pain, and numbness and tingling of the left lower extremity. The injured worker also reported sharp, stabbing residual pain to the left knee rated 7/10 that was constant, moderate and moderate to severe. The physical examination of the lumbar spine revealed a well-healed incision and 2+ tenderness at the bilateral lumbar paraspinal muscles and that the sacrotuberous ligaments and psiss. There was noted decreased range of motion and a positive straight leg raise as well as a positive Kemp's and a sitting root, tripod sign. The left knee exam noted tenderness over the medial lateral joint line and the patellofemoral joint with decreased range of motion and a positive McMurray's and Lachman's.

There was slightly decreased sensation noted at the L4 and L5 and motor strength was rated 4/5. The request for authorization form dated 12/03/2013 was for a pain management consult for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: CA-MTUS/ACOEM Any Chapter California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6 page 163.

Decision rationale: The injured worker has had previous surgery and shockwave therapy treatment. The MTUS Chronic Pain Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The ACOEM Guidelines state a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return for work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. The injured worker has received previous treatment with shockwave therapy and medications; however, there is a lack of documentation regarding failure of conservative treatment to warrant an epidural steroid injection with a pain management consultant. Therefore, the request is not medically necessary and appropriate.