

Case Number:	CM14-0111245		
Date Assigned:	08/01/2014	Date of Injury:	08/12/1999
Decision Date:	09/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/16/2014

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 Interventional Spine 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 a 64-year-old male with an injury date of 08/12/1999. Based on the 06/16/2014 progress report, the patient presents with constant, severe pain in his lower back rating the pain as a 10/10. The patient has a restricted range of motion in the lower back and has an absent right knee reflex. The 05/23/2014 report also states that the patient's pain radiates down to the right leg all the way down to his toes. There is tenderness at the L4 spine level. The 12/20/2013 reports states that the patient's pain gets worse with colder weather and that the patient has numbness of his toes in his right leg. The patient is diagnosed with lumbar intervertebral disk without myelopathy. The utilization review determination being challenged is dated 06/30/2014. Treatment reports were provided from 12/20/2013, 12/27/2013, 05/23/2014, and 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation, lumbar spine: Overturned

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 Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on the 06/16/2014 progress report, the patient has constant, severe pain in his lower back rating it as a 10/10. The request is for a pain management consultation for his lumbar spine. ACOEM page 127 states, "Occupational 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." ACOEM supports specialty consultation for complex issues. The current treater may not feel comfortable or feel that it is within his/her specialty to address the patient's pain management. Therefore the request is medically necessary.

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 06/16/2014 progress report, the patient presents with pain in his lower back, with significant radiation into right leg that is constant and severe. The request is for a lumbar epidural steroid injection (no level indicated). The MTUS Guidelines states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study." The 07/07/14 MRI of the lumbar spine revealed disc herniations with nerve root involvement. The patient has severe right leg symptoms on the same side as disc herniation and examination shows positive straight leg raise test. Therefore the request is medically necessary.

Steroid injection for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: Based on the 06/16/2014 progress report, the patient has constant, severe lower back pain which he rates as a 10/10. The request is for a steroid injection for the lumbar spine. In reference to a steroid injection for the lumbar spine, MTUS Guidelines states that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study." In this case, there are no positive exam findings that would support this injection for the lumbar spine. Therefore the request is not medically necessary.