

Case Number:	CM14-0128287		
Date Assigned:	08/15/2014	Date of Injury:	04/30/2012
Decision Date:	09/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 57-year-old male with date of injury of 04/30/2012. The listed diagnoses per [REDACTED], dated 07/03/2014 is status post lumbar fusion with positive pseudarthrosis in the left S1 screw, as well as the right S1 screw, left greater than the right. According to this report, the patient is status post lumbar fusion on 11/19/2013. The patient continues to report left-sided low back pain, left foot pain and hip pain. He has completed a full course of physical therapy. He states that it did not help him, and it actually made things worse. At this point, he is concerned that his surgery did not resolve any of his symptoms. He complains mainly of the inner thigh pain with lateral calf pain and radicular-type symptoms. There is no numbness or weakness in the lower extremities. The objective findings show the patient walks with a favoring gait to the left leg. He does use a handheld cane for stability when ambulating. There is decreased range of motion in the lumbar spine. He has decreased knee extension and decreased dorsiflexion in the left foot. The right side is within normal limits. Neurological examination was within normal limits bilaterally. The utilization review denied the request on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Visit with a PM&R Physician For Lumbar Spine To Evaluate For An Epidural Steroid Injection At S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), CH:7,page 127.

Decision rationale: This patient presents with low back pain radiating to the left foot and hip. The patient is status post lumbar fusion from 11/19/2013. The physician is requesting a consultation visit with the PM&R physician for the lumbar spine to evaluate for an epidural steroid injection at S1. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The utilization review denied the request stating, "There were no neurologic deficit findings indicating a radiculopathy at S1 to support the need for an epidural steroid injection. Therefore, a consultation to evaluate for potential epidural steroid injection is not medically necessary." The patient has utilized physical therapy, surgery, and medication therapy with minimal benefit. The physician is requesting the expertise of a pain doctor to determine if the patient is a candidate for an epidural steroid injection. This request is medically necessary.