

Case Number:	CM14-0132520		
Date Assigned:	08/22/2014	Date of Injury:	10/16/2012
Decision Date:	10/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational Medicine 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 injured worker was injured on 10/16/12. Her mechanism of injury is unknown. A pain management follow-up and certified Spanish interpreter are under review. The injured worker is status post lumbar medial branch blocks with excellent relief in July 2013 and radiofrequency ablation of the same levels in August 2013. She also had bilateral SI joint injections on 10/31/13 and an L5-S1 interlaminar ESI on 11/21/13. She had a right L4-5 ESI on 04/24/14 with 100% relief and she was requesting a second one because her pain was recurring. On 08/01/14, a pain specialist reported that she recently underwent right L4-5 transforaminal epidural on 07/03/14 with excellent relief for her right lower back pain and she was doing home exercises. No further treatment was needed for her low back pain and her cervical spine was well controlled on 02/15/14. She was evaluated by pain management on 04/11/14. Her back pain was quite severe and radiated to the right lower extremity. She was approved for a transforaminal epidural which would be done within a few weeks. She complained of neck pain but wanted to hold off further treatment for her neck and focus on her low back. She has diagnoses of lumbar disc degeneration, radiculopathy, facet syndrome, SI joint dysfunction, cervical facet syndrome, and cervical disc degeneration. A drug screen dated 07/16/14, revealed inconsistencies with prescription therapy as Alprazolam and Hydrocodone were not present but were prescribed (alprazolam is not mentioned in the notes). She is also receiving psychotherapy treatment for stress, anxiety, and psych issues. There is no mention of a language barrier. On 08/01/14, she had some tingling in her leg after the transforaminal epidural on 07/03/14 and was performing home exercises including swimming and walking on a treadmill. Other exercises were recommended. She was taking Norco, Soma, and Orphenadrine. Spurling's maneuver caused pain that was not radicular. Straight leg raise was positive on the right side and she had some

tenderness. She has had multiple procedures. She was doing very well with excellent relief of her low back and leg pain. She was to follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Follow-up: Upheld

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: The history and documentation do not objectively support the request for a follow up consultation with a pain management specialist. The MTUS states regarding consultations, "If a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." Chapter 12 states regarding surgical considerations "referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms". The injured worker has had multiple procedures to date and has had an excellent outcome. The most recent notes indicate that was doing very well and was advised to start additional exercises. There is no documentation that she requires specialist consultation or needs additional injections or other specialty treatment measures. Therefore, this request is not medically necessary.