

Case Number:	CM14-0035186		
Date Assigned:	06/25/2014	Date of Injury:	04/23/2013
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 45 year old male whose date of injury is 04/23/13. The mechanism of injury is described as descending a ramp with a hand dolly when the injured worker heard and felt the left hip pop. Lumbar MRI dated 05/09/13 revealed at L3-4 minimal circumferential disc bulge without significant spinal canal or neural foraminal narrowing. At L4-5 there is a mild posterior broad based disc bulge without significant spinal canal or neural foraminal narrowing. At L5-S1 anterolisthesis with mild posterior broad based disc bulge and facet degenerative joint disease result in mild bilateral neural foraminal narrowing. Electrodiagnostic study (EMG/NCV) dated 01/21/14 is a normal study. Report dated 02/11/14 indicates that the injured worker has low back pain radiating to the right lower extremity. Treatment to date includes 18 sessions of physical therapy without improvement. Diagnoses are listed as lumbar disc protrusions, lumbar radiculitis, and lumbar spine myoligamentous sprain/strain. Note dated 05/13/14 indicates that straight leg raising is to 30 degrees on the right and 50 degrees on the left. Contralateral straight leg raising is negative bilaterally. Strength is 5/5 throughout the lower extremities. Sensation is not impaired. Deep tendon reflexes are 1+ throughout.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

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, page 127.

Decision rationale: Based on the clinical information provided, the request for pain management consultation is not recommended as medically necessary. There is no clear rationale provided to support the request at this time. The injured worker's findings on physical examination are minimal. It is unclear how this consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by American College of Occupational and Environmental Medicine guidelines. Therefore, the request for pain management consultation is not medically necessary.

Lumbar Epidural Steroid Injections X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

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

Decision rationale: Based on the clinical information provided, the request for lumbar epidural steroid injections x 2 is not recommended as medically necessary. The injured worker's physical examination fails to establish the presence of active lumbar radiculopathy, the EMG/NCV is a normal study, and MRI fails to document any significant neurocompressive pathology. Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The request is excessive as Chronic Pain Medical Treatment Guidelines support subsequent injections only with evidence of positive response to prior injections. The request is nonspecific and does not indicate the level/laterality to be injected. Therefore, the request for lumbar epidural steroid injections x2 is not medically necessary.