

Case Number:	CM14-0084478		
Date Assigned:	07/23/2014	Date of Injury:	10/24/2003
Decision Date:	09/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, 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 48 year old female who sustained an injury to her low back on 10/24/03 due to cumulative trauma while performing her usual and customary duties. Magnetic resonance image of the lumbar spine without contrast dated 09/28/12 revealed intervertebral disease and degenerative changes of the lumbar spine; grade 1 anterolisthesis of L4 on L5 measuring 2-3mm; this has worsened since the prior study where it measured approximately 2mm; no definite defect of the Pars interarticularis appreciated; unchanged grade 1 retrolisthesis of L5 on S1 measuring 1-2mm; interval worsening of disc disease at L4-5; findings consistent with new central and right sided annular tear; disc disease at L5-S1 with findings consistent with probable new central right sided annular tear; mild/moderate central canal stenosis at L4-5; this has worsened since the prior study; advanced placement diameter of the thecal sac increases 7mm and on the prior study measured 9-10mm. The clinical note dated 06/04/14 reported that the injured worker's low back pain was rated at 8-9/10 visual analog scale. There has been no change in symptoms since previous visit. Physical examination noted range of motion restricted with extension, right lateral bending, left lateral bending, and bilateral rotation, but normal flexion; spinous process tenderness noted at L3, L4, L5, and SI joint; heel/toe walk normal; straight leg raise negative; reflexes 2+ bilaterally with ankle jerks, 1/4 on the right with patellar jerk, 2/4 left; muscle strength 5/5 in the bilateral lower extremities; sensation normal. The injured worker was diagnosed with lumbar radiculopathy and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The request is for referral for a consultation with a pain management specialist for lumbar epidural steroid injection. However, the injured worker's objective clinical findings do not show evidence of lumbar radiculopathy. In addition, there was no updated imaging study of the lumbar spine to prove worsening of radicular symptoms or evidence of significant central canal stenosis or neuroforaminal narrowing. Furthermore, although the qualified medical examination (QME) recommended epidural steroid injections, the QME was performed over 6 months prior and does not meet the expectations that evaluations be timely. Therefore, the QME recommendations are inappropriate in this case and evidence based medicine guidelines are utilized. After reviewing the submitted clinical documentation, there was no additional significant objective information provided that would support reverse of the previous adverse determination. Given this, the request for a consultation with a pain medicine specialist is not indicated as medically necessary.