

Case Number:	CM14-0116047		
Date Assigned:	03/09/2015	Date of Injury:	04/18/2012
Decision Date:	04/14/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28-year-old female who sustained an industrial injury on 04/18/12. She reports spasms and pain radiating down the gluteal region. Her diagnosis is lumbago. Treatments to date include medications. In a progress note dated 06/27/14 the treating provider recommends follow-up with a spine specialists and a lumbar ESI. On 07/07/14 Utilization Review non-certified the spine specialist and lumbar ESI, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with spine specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 92 and 305. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when “the plan or course of care may benefit from additional expertise.” In the case of this injured worker, given the history of positive straight leg raise test, ongoing lumbar pain, and lumbar bulging disc at L5-S1 on MRI, this patient may have chemical impingement. The rationale for a consultation with a spine specialist is appropriate because there is documentation of continued spine-based pain, and functional impairment despite conservative therapeutic approaches. A consultation with a spine specialist is appropriate to further evaluate and treat this injured worker's pathology. This request is medically necessary.

Lumbar steroid epidural via caudal approach L3-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar ESI Page(s): 26, 46.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there is documentation of positive straight leg raise on 3/11/2014 and MRI finding of L5-S1 mild disc herniation on 10/17/2012. Even though the mild disc herniation may not mechanically impinge on the nerve, the mere presence of a herniated disc can leak inflammatory fluid from the nucleus pulposus of the disk, which can irritate a nerve root and cause a chemical radiculitis. The patient also has a diagnosis of lumbar radiculopathy, which may benefit from lumbar epidural steroid injection (which can serve a diagnostic purpose as well). The currently requested lumbar epidural steroid injection is medically necessary.