

Case Number:	CM14-0199166		
Date Assigned:	12/09/2014	Date of Injury:	04/12/2014
Decision Date:	02/25/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 female, who was injured on April 12, 2014, while performing regular work duties. A magnetic resonance imaging of the lumbar spine was completed on May 27, 2014, which revealed moderate central stenosis L4-5 secondary to multifactorial acquired degenerative changes, moderate diffuse facet arthropathy worse at the L4-5 level, and moderate diffuse chronic degenerative disease and degenerative spondylosis greater than expected for age. A urine drug screen dated July 28, 2014, is provided for this review. A physical therapy note on May 27, 2014, indicates the injured worker has mild pain with little improvement, and is compliant with a home exercise program. An evaluation on May 28, 2014 by the primary treating physician indicates the injured worker complains of increased back pain, has diffuse tenderness and limited range of motion at the lumbar spine. An electromyogram and nerve conduction test dated June 17, 2014 is provided for this review, and indicates no neuro-diagnostic abnormalities. A primary treating physician evaluation on June 25, 2014, indicates "symptoms remain essentially unchanged with low back pain and bilateral radicular pain" with physical examination demonstrating tenderness in the lower lumbar area, and limited range of motion. The records indicate the injured worker is not currently working, and reports physical therapy as not being helpful. The records indicate current medications are: Protonix, Tramadol, and Anaprox. The records do not support radiculopathy. The records do not indicate a failure of conservative treatment. The request for authorization is for consultation for pain management; recommended proceeding with a trail of three (3) lumbar epidural injections. The primary diagnoses are L4-5 central canal stenosis and lumbar myofascial pain. On November 17, 2014,

Utilization Review non-certified the request for consultation for pain management; recommended proceeding with a trial of three (3) lumbar epidural injections, based on MTUS, Chronic Pain Medical Treatment, and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for pain management; Recommended proceeding with a trial of 3 lumbar epidural injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Referrals, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The scope of practice for pain management physicians extends beyond simply ESI's. This is a request for a consultation with a recommendation to consider 3 ESIs. The request is medically necessary.