MAXIMUS Federal Services

Case Number:	CM15-0001272		
Date Assigned:	01/12/2015	Date of Injury:	03/13/2014
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York
Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 23 year old female stock clerk, cashier who sustained an industrial injury on 3/13/2014. She was pushing, pulling a pallet jack loaded with totes and carrying a portable heater out for a customer when she had sharp shooting pain in her upper and lower back. This then became constant. Past medical history included burning her hand with hot oil 05/04/2013 which claim was settled by compromise. She required suturing of her left ring finger after a window broke as she was trying to raise it in 1999 and sutures to the roof of her mouth in 1994. X-rays on 06/20/2014 showed a transitional vertebra at S1 with pseudoarthrosis between S1 and S2, a pars defect at L56 with a Grade I spondylolisthesis at L5-S1 and mild narrowing of the L4-5 disc with degenerative disc disease and facet changes. Her MRI scan on 08/13/2014 showed L4-5 mild disc dessication, bilateral facet degenerative changes and a 4mm central disc protrusion indenting the anterior thecal sac with moderate spinal stenosis and mild lateral recess stenosis. On the initial provider's evaluation 10/29/2014 she complained of headaches, dizziness, an upset stomach, low back pain radiating down her left leg greater than the right, achy stiffness of her neck and shoulders and she related she had fallen several times due her leg giving way. She was using a walker. She was 5'7 and weighed 304. She was noted to be barely able to walk, weak in her left leg and unsteady. The diagnoses have included lumbago, lumbosacral spondylosis without myelopathy, and pain in the thoracic spine, left lower extremity radiculopathy consistent with spinal stenosis and post-traumatic stress reaction. Treatment to date has included medication management, activity modification and physical therapy. Currently, the IW complains of mid and low back pain, radiating down both legs. Treatment plan

includes request for lumbar epidural steroid injection, second opinion from neurosurgeon, and second opinion for pain management after the steroid injection, neurology testing and psychiatric treatment.On 12/10/2014, Utilization Review modified the psychiatric treatment to 4 visits and non-certified pain management for steroid injection, lumbar steroid injection, spinal specialist consultation (Neurosurgeon) and neurology testing, noting the lack of medical necessity and lack of failure of conservative treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/5/2015, the injured worker submitted an application for IMR for review of pain management for steroid injection, psychiatric treatment, lumbar steroid injection, spinal specialist consultation (Neurosurgeon) and neurology testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Epidural Steroid Injection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter-epidural steroid injections

Decision rationale: This injured worker's documentation does not present a history of an injury with lumbar radiculopathy. The worker's pain was in the upper and lower back and it became constant which is not the clinical presentation of radiculopathy. The ODG guidelines recommend lumbar epidural steroid injections if there is documented radiculopathy due to disc herniation not spinal stenosis. There is no evidence provided for disc herniation. Guidelines also note objective findings need to be present on examination. Documentation does not provide this evidence. Moreover, electrodiagnostic and imaging studies should corroborate the diagnosed radiculoathy.

Second opinion for spine specialist or neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: California MTUS guidelines clearly recommend before referral for surgery psychological screening should be considered. The worker's history clearly substantiates this wisdom. MTUS guidelines note that those with acute low back pain alone without findings of serious conditions or significant nerve root compromise rarely benefit from either surgical consultation or surgery. Guidelines (p.305) recommend referral when clear clinical, imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair is present. Documentation does not show such evidence.

Second opinion for pain management for ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127, ODG, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back Chapter

Decision rationale: The ODG guidelines recommend lumbar epidural steroid injections if there is documented radiculopathy due to disc herniation not spinal stenosis. There is no evidence provided for documented radiculopathy. Guidelines also note objective findings need to be present on examination. Documentation does not provide this evidence. Moreover, electrodiagnostic and imaging studies should corroborate the diagnosed radiculoathy. Thus pain management consultation for epidural steroid placement is not advised. Moreover, psychological screening has not yet been accomplished and may further recommend against this invasive therapy.

Neurologist testing: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: EMG's and SEP's are tests that would be done by a neuologist. These diagnostic tests can be of value in detection of physiological abnormalities. This consultation is medically necessary and appropriate.

Supportive psychiatric treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,306.

Decision rationale: California MTUS guidelines advise a detailed psychosocial evaluation and counseling(p.299). ODG guidelines(Physical therapy Chapter-psychological screening) note the importance of maladaptive pain coping behaviors. Depression is a common component of chronic pain. Antidepressants are recommended (Stress-Mental Health Chapter) and can be prescribed by a psychiatrist who can also direct stress management which is recommended by the guidelines.