

Case Number:	CM15-0132295		
Date Assigned:	07/20/2015	Date of Injury:	08/14/2012
Decision Date:	08/14/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

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 55-year-old male, who sustained an industrial injury on 8/14/12. He reported injury to his bilateral lower extremities, lower back, head and neck related to a 20 foot fall. The injured worker was diagnosed as having thoracolumbar sprain with left lower extremity radiculitis. Treatment to date has included several reconstructive surgeries to his legs, a craniotomy, physical therapy with benefit, psychotherapy, a home exercise program and Norco. As of the PR2 dated 6/5/15, the injured worker reports frequent lower back pain and right ankle pain. Objective findings include tenderness to palpation in the bilateral sciatic notches, decreased range of motion and a positive straight leg raise test. The treating physician requested a pain management consult in consideration of a lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult in Consideration of Lumbar Spine ESI: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for low back and right ankle pain. An MRI of the lumbar spine in October 2014 had included findings of L4/5 and L5/S1 spondylosis with moderate bilateral foraminal stenosis and mild to moderate canal stenosis. When seen, there was decreased spinal range of motion with sciatic notch tenderness and positive straight leg raising. He was having frequent low back pain radiating into the right lower extremity. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with possible lumbar radiculopathy with symptoms, physical examination findings, and imaging results consistent with this diagnosis. An epidural steroid injection might be an option in his treatment. Therefore requesting a referral to pain management for a possible epidural steroid injection was medically necessary.