MAXIMUS Federal Services

Case Number:	CM15-0148556		
Date Assigned:	08/12/2015	Date of Injury:	01/08/2015
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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 44 year old male, who sustained an industrial injury on 01-08-2015, secondary to a bench seat breaking resulting in left wrist injury and low back injury. On provider visit dated 06-18-2015 he injured worker has reported lumbar spine pain that radiates to the right leg with numbness and tingling. On examination of the lumbar spine revealed tenderness to palpation over the lumbosacral and right lumbar region. Range of motion was painful and limited with flexion and extension maneuvers. There was bilateral hamstring tightness noted. The work status was noted as capable of working on modified capacity. The diagnoses have included lumbar spine sprain-strain, lumbar spine -right sided radiculitis and lumbar spine degenerative changes of the lumbar spine. Treatment to date has included medication and back brace. The provider requested consultation with a pain management specialist- lumbar spine and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist, lumbar spine Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004 page 127.

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) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for low back pain radiating into the right lower extremity. An MRI of the lumbar spine in May 2015 was negative for neural compromise. There were multilevel degenerative changes with disc bulging and facet hypertrophy. When seen, physical examination findings included lumbar spine tenderness. There was decreased and painful range of motion with restricted hamstrings. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. If the epidural steroid injection were medically necessary, then a consultation to evaluate the technique and for any potential contraindication would be appropriate. In this case, the specific request is for a consult for an epidural steroid injection and the epidural steroid injection is not medically necessary. Therefore, the requested consult for the purpose of an epidural steroid injection is also not medically necessary.

Lumbar epidural steroid injection Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for low back pain radiating into the right lower extremity. An MRI of the lumbar spine in May 2015 was negative for neural compromise. There were multilevel degenerative changes with disc bulging and facet hypertrophy. When seen, physical examination findings included lumbar spine tenderness. There was decreased and painful range of motion with restricted hamstrings. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. Imaging does not show any neural compromise. The requested epidural steroid injection was not medically necessary.