

Case Number:	CM15-0166244		
Date Assigned:	09/03/2015	Date of Injury:	02/22/2006
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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 50 year old male, who sustained an industrial injury on 2-22-2006, resulting from a slip and fall. The injured worker was diagnosed as having lumbar disc disease with radiculopathy. Treatment to date has included diagnostics, epidural steroid injections, physical therapy, lumbar spinal surgery in 2008, psychiatry, and medications. Currently, the injured worker complains of low back pain with unspecified symptoms. A new exam was not performed. It was documented that epidural injections have helped him in the past with low back pain and radiculopathy. The treatment plan included a consultation (for epidural injection with pain management). Benefit from the previous epidural steroid injections was not detailed. The progress report (7-20-2015) noted a fall. He was sitting in his recliner and when he went to get up, the entire left leg was numb, and he fell. He since had worsening lumbar pain radiating to both legs, and tingling in both legs. Pain was rated 3-4 out of 10 at best and 9-10 at worst. Current medications included Oxycodone, Lyrica, Oxycontin, and Ibuprofen. Exam noted tenderness in the paraspinal areas and over the facet joints. He had tingling throughout the L5-S1 dermatome, from the knee down, bilaterally. He had straight leg raise bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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 has a remote history of a work-related injury in February 2006 and is being treated for low back pain with radiculopathy. The claimant has a history of lumbar spine surgery. Prior treatments have included epidural steroid injections with benefit. The claimant has already had a pain management consultation for consideration off a repeat epidural steroid injection. Another consultation is being requested due to travel distance and weather. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has already has a consultation for clarification of his condition. Requesting another consultation for convenience or travel reasons is not medically necessary.