

Case Number:	CM15-0182350		
Date Assigned:	09/23/2015	Date of Injury:	10/26/2009
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year old male, who sustained an industrial injury on 10-26-2009. The injured worker was diagnosed as having left L5-S1 radiculopathy, left S1 joint dysfunction, chronic neck pain and herniated nucleus pulposus. On medical records dated 08-11-2015 and 05-08-2015, the subjective complaints were noted as low back pain. Pain was noted a 6-8 out of 10. Prolonged sitting or standing was noted to increase pain. Objective findings were noted as gait being mildly antalgic. Tenderness to palpation in the lumbar paraspinals and in the midline of the lumbar spine, left is more severe than the right. Range of motion of the lumbar spine is decreased in all planes. Lower extremity sensation is intact bilaterally. Straight leg raise on the left at 70 degrees reproduces pain in foot, positive slump test on the left. Treatments to date include chiropractic treatment, acupuncture, epidural steroid injection to lumbar spine and medication. The injured worker was noted to be permanent and stationary. Current medications were listed as Relafen and Gabapentin. The Utilization Review (UR) was dated 09-15-2015. A Request for Authorization was dated 08-11-2015 for general orthopedic consult, Relafen 750mg #60, Gabapentin 600mg #60, internal medicine specialist x1 and TFESI of left L5-S1 foramen (L5 root). The UR submitted for this medical review indicated that the request for TFESI of the left L5-S1 foramen (L5 root) was non-certified and ongoing treatment with internal medicine specialist was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI of the left L5-S1 foramen (L5 root): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant was injured in 2009 with diagnoses of left L5-S1 radiculopathy, left S1 joint dysfunction, chronic neck pain and herniated nucleus pulposus. The bilateral lower extremity sensation was intact, inconsistent with radiculopathy. Straight leg raise on the left at an extreme of 70 degrees reproduces pain in foot but no noted dysesthesias or dermatomal signs. Current medications were listed as Relafen and Gabapentin. The MTUS recommends an epidural as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request is not medically necessary based on the above.

Ongoing treatment with internal medicine specialist Dr Patel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, page 127.

Decision rationale: As shared previously, key case points are as follows. The claimant was injured in 2009 with diagnoses of left L5-S1 radiculopathy, left S1 joint dysfunction, chronic neck pain and herniated nucleus pulposus. The lower extremity sensation is intact bilaterally, inconsistent with radiculopathy. Straight leg raise on the left at an extreme of 70 degrees reproduces pain in foot but no noted dysesthesias or dermatomal changes. Current medications were listed as Relafen and Gabapentin. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The reason for an adult medicine [Internist] to aid with injury care is not clear from the records. What the ongoing treatment would be is not mentioned. Further, this request for the consult also fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal

relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.