

Case Number:	CM15-0190839		
Date Assigned:	10/02/2015	Date of Injury:	01/12/2015
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on 1-12-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy with bulging discs and lumbar facet arthropathy. On 8-25-2015, the injured worker reported constant aching pain in the low back with radiation down the outer side of the right leg to the foot with bottom f foot numb and toes tingling. The injured worker rated her pain as 7 on a scale of 1 to 10. The [REDACTED] report dated 8-25- 2015, noted the injured worker was off work. The injured worker's current medications were noted to include Norco, Relafen, and Flexeril. The physical examination was noted to show tenderness to palpation in the lumbosacral musculature and over the lumbar spinous processes, with complaints at the end range pain of range of motion (ROM) flexion, and reported concordant secondary pain in the low back referred to the buttocks and thighs from lumbar compression test. Decreased sensation was noted to light touch in the distribution of the L5 and S1 nerve roots/Lasegue's neurotension test was noted to be positive for report of radiating pain into the L5 and S1 nerve root distribution down the right leg in a concordant fashion. Prior treatments have included Naproxen, physical therapy, noted to have not helped, chiropractic treatments noted with no improvement, acupuncture noted not to have helped, and lumbar epidural steroid injection (ESI) on 5-4-2015 with the injured worker noting on 5-22-2015 her back was still the same. The treating physician indicates that a 1-30-2015 lumbar spine MRI was noted to have the impression of posterior disc bulges of 2-3mm at L3-L4, 3-4mm at L4-L5, and 3mm at L5-S1 with mild L5-S1 central canal narrowing, neural foraminal narrowing which was

slight to mild on the left at L3-L4 and bilaterally mild L5-S1 with benign appearing L2, L5, and S1 intraosseous hemangiomas. The Physician noted that in light of the injured worker's worsening neurogenic signs and symptoms despite "exhaustive conservative care including rest, activity modification, oral medications, and therapies, and since her examination today showed positive neurotension signs with pain radiating into the distribution of the L5 and S1 nerve root, with positive imaging findings found in the MRI", he was requesting authorization for lumbar corticosteroid epidural injection targeting L5 and S1. The request for authorization dated 8-25-2015, requested a follow up consult, lumbar spine Qty: 1 and right L5 and S1 epidural corticosteroid injections Qty: 2. The Utilization Review (UR) dated 9-25-2015, denied the requests for a follow up consult, lumbar spine Qty: 1 and right L5 and S1 epidural corticosteroid injections Qty: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 and S1 epidural corticosteroid injections Qty: 2: Upheld

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

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

Decision rationale: The patient presents with lower back pain. The current request is for 8 sessions of acupuncture. The treating physician states on 9/18/15 (29B) "I have encouraged the patient to stay active and engage in a regimental home exercise program. I am requesting that she would undergo acupuncture 8 sessions. I am requesting that she has 8 sessions of PT for the lumbar spine health and education and HEP." The clinical records provided indicate that the patient has not received any prior acupuncture treatments. Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. AMTG states, "Time to produce functional improvement: 3 to 6 treatments." In this case, although acupuncture may be warranted the request is for 8 sessions, which exceeds what the guidelines recommend. The current request is not medically necessary.

Follow up consult, lumbar spine Qty: 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

Decision rationale: The patient presents with diagnosis of lumbar radiculopathy with bulging discs and lumbar facet arthropathy. Recently the patient complained of constant and aching pain in the low back that pointed to the lower right region. The pain radiated down the outer side of the right leg to the foot described as sciatic nerve pain. The current request is for Follow up

consult, lumbar spine Qty: 1. The treating physician states in the treating report dated 9/28/15 (26A), "Request authorization for PMC." The ACOEM guidelines state that specialty referral is indicated 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. In this case, the patient suffers from chronic pain and the treating physician feels that additional expertise is required to aid in the treatment of the patient. The current request is medically necessary.