

Case Number:	CM15-0195877		
Date Assigned:	10/09/2015	Date of Injury:	07/18/2002
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 70 year old female who sustained an industrial injury on 07-18-2002. Medical records indicate the worker was treated for pain status post posterior lumbar interbody fusion L3-L4 (04-19-2004) and status post L3-L4 posterior lumbar interbody fusion-removal of hardware (date not given). Status post L2-L3 junctional discopathy and status post multiple posterior lumbar decompression and fusion with chronic spinal pain. In the exam of 07-15-2015, the worker has no sacroiliac tenderness on compression, and sciatic nerve compression was negative bilaterally. In the provider notes of 09-23-2015, the injured worker complains of ongoing stabbing pain that persists to her low back and lower extremities. She complains of difficulties with activity and functions of daily living, as she has to sit and rest after 10 minutes standing due to increased back and leg pain with weakness. On examination, there is tenderness, spasm and tightness over the paralumbar musculature. There is pain with heel and toe walk with some mild imbalance. Range of motion is reduced and painful. There are decreased L5-S1 dermatome sensations. There is 3 out of five motor power against resisted leg extension. Medications include Gabapentin, topical compounded creams, and Norco for severe pain. Medications are stated to not relieve her total pain, but they do help minimize her dysfunction allowing her some quality of life. The medical records presented (03-11-2015 to 09-23-2015) contain no report of MRI or x-ray. A request for authorization was submitted for Pain management consult for lumbar epidural steroid injection. A utilization review decision 09-24-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: According to the guidelines, ESIs are recommended for those with radiculopathy on exam and diagnostics. In this case, the claimant underwent a lumbar fusion and there are signs of sensory deficits in L5-S1. However, there is no mention of an EMG or MRI to correlate the symptoms. The progress notes from orthopedics do not justify the ESI or pain consult. As a result, the pain consult for ESI is not medically necessary.