

Case Number:	CM15-0202046		
Date Assigned:	10/16/2015	Date of Injury:	08/04/2008
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 46 year old male, who sustained an industrial injury on 8-4-08. The injured worker was diagnosed as having lumbar intervertebral disc without myelopathy and lumbar spinal stenosis. Treatment to date has included an intramuscular Morphine injection and medication including Norco and Ambien. On 9-14-15 physical examination findings included normal gait and tenderness at the L4 level with radiculopathy. Motor and sensory were within normal limits. Restricted range of motion was noted in the low back and an absent right ankle reflex was noted. On 9-14-15, the injured worker complained of low back pain with radiation to the right leg rated as 10 of 10. On 9-18-15 the treating physician requested authorization for an orthopedic spine surgeon consultation. On 9-15-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic spine surgeon consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004,
Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per the medical records, it was noted that the provider recommended consultation with an orthopedic spine surgeon for a possible lumbar epidural steroid injection. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation submitted for review does not demonstrate radiculopathy, which is a criteria for epidural steroid injection. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Absent such documentation, the request is not medically necessary.