

Case Number:	CM15-0035907		
Date Assigned:	03/04/2015	Date of Injury:	05/31/2013
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 33 year old female, who sustained an industrial injury on May 31, 2013. She has reported left ankle pain with radiation to the knee and leg pain, and low back pain. Her diagnoses include lumbar spine sprain/strain. On February 27, 2014, an MRI of the lumbar spine was performed. She has been treated with work modifications, rest, physical therapy with massage and electrical stimulation, and pain and non-steroidal anti-inflammatory medications. The records refer to a prior course of physical therapy with massage and electrical stimulation, but do not provide specific dates or results. On February 10, 2015, her treating physician reports persistent and frequent lower back pain with radiation down the left leg. In addition, she has frequent left knee, ankle, and foot pain. The physical exam revealed decreased lumbar spine range of motion, midline and paraspinals were tender, a positive bilateral Kemp's sign, mildly decreased strength and sensation of the left lumbar 4, lumbar 5, and sacral 1, and decreased deep tendon reflexes of the left patellar and Achilles tendons. Her gait was antalgic. The treatment plan includes a request for a spine surgeon consultation for the lumbar spine. On February 11, 2015, Utilization Review non-certified a request for a spine specialist consultation, noting the lack of limited examination findings to indicate a clear radiculopathy, and the limited documentation to indicate failure of conservative care to date. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Specialists consult for possible LESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Spine Specialists consult for possible LESI is not medically necessary.