

Case Number:	CM15-0055077		
Date Assigned:	03/30/2015	Date of Injury:	09/08/2010
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 51 year old female, who sustained an industrial injury on September 8, 2010. She reported low back pain, lower extremity pain and chronic pain syndrome. The injured worker was diagnosed as having chronic pain syndrome, lumbar radiculopathy, chronic low back pain, spinal cord stimulator placement, muscle spasm and myalgia, depression and anxiety secondary to chronic pain and loss of function, insomnia and history of gout. Treatment to date has included radiographic imaging, diagnostic studies, multiple failed conservative treatments, lumbar surgery, spinal cord stimulator implant, medications and work restrictions. Currently, the injured worker complains of low back pain and pain and tingling in the lower extremities with associated sleep disruptions and depression. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 18, 2014, revealed continued pain and symptoms as noted. Evaluation on January 27, 2015, revealed continued pain. A pain management consultation and electrodiagnostic studies of the lower extremities were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 124, 127, AND Opioids pp. 77, 81.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, the repeat pain management consultation request was for an intended repeat epidural injection of the L5 level on the right based on successful 6 week reduction in pain and radiculopathy and confirmed still present based on positive physical findings on the day of the office visit prior to this request. After reviewing the notes available, it is reasonable to consider at least a repeat visit with the pain management physician to discuss a repeat epidural injection which is likely to help again.

EMG/NCV of the bilateral lower extremity and lumbar myelogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation ODG, Low Back section, myelography.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. The MTUS ACOEM Guidelines also state that myelography of the lumbar spine may be indicated in settings where the patient is in a preoperative planning stage and MRI is not available or contraindicated. The ODG is more specific and states that the criteria for consideration of myelography are the following: 1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea), 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery, 3. Radiation therapy planning for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal

disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord, 5. Poor correlation of physical findings with MRI studies, 6. Use of MRI precluded because of claustrophobia, technical issues, e.g., patient size, safety reasons, e.g., pacemaker, or surgical hardware. In the case of this worker, there was clear enough physical findings to suggest specific lumbar radiculopathy contributing to her chronic pain and any further imaging or nerve testing is not needed, even prior to any epidural injection as the reported symptoms have not changed significantly since prior studies. Therefore, the EMG/NCV and myelography are both medically unnecessary.