

Case Number:	CM15-0080220		
Date Assigned:	05/01/2015	Date of Injury:	08/20/2012
Decision Date:	06/11/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 32-year-old female who sustained an industrial injury on 08/20/2012. Assessments include status post remote L4-5 decompression, protrusion of L4-5 without significant neural encroachment, lumbar spondylosis at L4-S1 and herniated disc of the cervical spine. Treatments to date included medications, activity modification, TENS, stretching, heat, physical therapy and home exercise and a right L4-5 decompression. According to the progress notes dated 3/19/15, the IW reported low back pain with right greater than left lower extremity symptoms rated 7/10 and cervical pain with increased upper extremity symptoms, right greater than left, rated 10/10. The IW related that current medications allow her to perform activities of daily living. A request was made for interventional pain management consult with L4-5 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional pain management consult with L4-L5 epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Criteria for the Use of Opioids, Weaning of Medications Page(s): 8, 76-77, 124.

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs and upper back pain that went into the arms. These records did not suggest any of the above situations were occurring. There was no discussion suggesting why medication injected near the spinal nerves would be helpful at this time or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a consultation with an interventional pain management specialist for evaluation for a possible L4 epidural injection is not medically necessary.