MAXIMUS Federal Services

Case Number:	CM15-0081159		
Date Assigned:	05/01/2015	Date of Injury:	09/24/2014
Decision Date:	06/05/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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
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 47 year old female, who sustained an industrial injury on 9/24/14. She reported initial complaints of neck and low back. The injured worker was diagnosed as having degenerative disc disease lumbar spine. Treatment to date has included physical therapy; medications. Diagnostics included MRI lumbar spine (11/4/14). Currently, the PR-2 notes dated 3/16/15 indicated the injured worker feels her symptoms have improved since the last visit (2/9/15). She is no longer experiencing pain in the neck, however she notes only minor discomfort in the low back when lifting. She feels that she has seen significant improvements since the last visit and has no numbness or tingling in the extremities or other complaints at this time. Physical examination demonstrates no tenderness to palpation over the posterior elements but a slight discomfort over the right paraspinal regions L5-S1. There is no pain with forward flexion and slight discomfort with hyperextension of the lumbar spine. Strength is graded as 4+/5 to resisted hip flexion bilaterally. There is negative straight leg raise bilaterally and no pain with direct palpation over the sciatic nerves. She ambulates with a normal appearing heel to toe gait. The treatment plan document to return to work full duty as six hours over the next two weeks and then transition to full 12 hour shifts, discuss sedentary positions with employer and back to the office for follow-up evaluation in 6 weeks. If the pain returns she will be referred to the requested: Pain management evaluation for injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation for injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient receives treatment for chronic neck and low back pain as a result of an industrial injury dated 09/24/2014. According to the documentation, the patient has responded well to the medications and physical therapy. Except for some minor axial neck discomfort, the patient level of function has increased and the patient has been medically cleared to resume work with some limitations, initially. There are no findings consistent with a radicular syndrome. ESIs may be medically indicated to treat radicular pain. The current treatment guidelines recommend a series of up to 2 ESIs. Because ESIs produce a short-lived reduction in pain relief by reducing inflammation, ESIs should be used in conjunction with other treatment modalities. The guidelines state that a number of specific clinical criteria must exist in order to be recommended. These criteria include: radiculopathy corroborated on physical examination plus imaging, lack of responsiveness to conservative care, no more than 2 nerve root levels and no more than one inter laminar level should be injected at one session. Based on the patient's recovery from the initial symptoms, referral for injections is not medically necessary.