

Case Number:	CM15-0087291		
Date Assigned:	05/11/2015	Date of Injury:	02/20/2015
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 02/20/2015. She has reported injury to the low back. The diagnoses have included L4-L5 degenerative spondylosis with mild to moderate stenosis; lumbar disc disease; and left lumbar radiculopathy. Treatment to date has included medications and diagnostics. Medications have included Naproxen and Ibuprofen. A progress note from the treating provider, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left lumbar spine pain, described as "heaviness"; numbness to left buttocks and left lower extremity; limited range of motion; and limited tolerance to prolonged walking. Objective findings included tenderness to palpation of the left paralumbar region and, and the left buttocks greater than right; positive straight leg raise test on the left; decreased sensation to the left lower extremity; and decreased lumbar spine range of motion. The treatment plan has included the request for consultation and follow-up with a pain medicine specialist, lumbar spine; and lumbar epidural L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and Follow-Up with a Pain Medicine Specialist, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 79; 309.

Decision rationale: The injured worker sustained a work related injury on 02/20/2015. The medical records provided indicate the diagnosis of L4-L5 degenerative spondylosis with mild to moderate stenosis; lumbar disc disease; and left lumbar radiculopathy. Treatment has included Naproxen and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Consultation and Follow-Up with A Pain Medicine Specialist, Lumbar Spine. The medical records indicate the injured worker has been referred to an orthospine specialist, but there is no evidence the injured worker has been recommended home exercise program or physical therapy. The MTUS low back chapter recommends exercises as part of the treatment of the low back injury case. Also, the MTUS recommends that one of the case manager roles of the clinician is to provide appropriate medical evaluation and treatment and adhere to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Therefore the request is not medically necessary.

Lumbar Epidural L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 02/20/2015. The medical records provided indicate the diagnosis of L4-L5 degenerative spondylosis with mild to moderate stenosis; lumbar disc disease; and left lumbar radiculopathy. Treatment has included Naproxen and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Lumbar Epidural L4-5. The MTUS does not recommend epidural injection unless the individual has failed three months of conservative treatment involving medications, exercises and or physical methods; and there is a physical examination finding of radiculopathy corroborated with finding of radiculopathy in imaging study or nerve study. The medical records indicate the injured worker has not been offered exercises, neither is the physical examination indicative of radiculopathy (the straight leg raise was quoted as positive to thigh, but the American Medical Association Guides' to impairment rating defines positive straight leg raise as radiation below the knee when the leg is raised between 30-70 degrees). Therefore the request is not medically necessary.