

Case Number:	CM15-0238568		
Date Assigned:	12/15/2015	Date of Injury:	12/25/2013
Decision Date:	01/21/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/07/2015

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: Arizona, 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 34 year old female, who sustained an industrial-work injury on 12-25-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar intervertebral disc disorder and lumbar sprain. Treatment to date has included pain medication, Diagnostics, activity modifications, epidural steroid injection (ESI) (unknown date and unknown improvement of pain), ice, home exercise program (HEP) and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 3-4-14 reveals degenerative vertebral change and disc disease of the lumbar spine; small extrusions involve the lumbar spine from L3-4 through L5-S1. This causes mild central stenosis at L3-4. These findings are mildly progressed since exam on December 2009. Medical records dated 10-20-15 indicate that the injured worker complains of recent flare-up of the low back that has not improved. She also has intermittent radiating pain into the legs. She is requesting repeat lumbar spine injection. Per the treating physician report dated 10-20-15 the work status is permanent and stationary. The physical exam dated 10-20-15 reveals that she is an obese woman who moves slowly and cautiously without assisted devices. There is tenderness to palpation of the lumbar spine with 50 percent loss of flexion and extension. The physician indicates that treatment plan is for re-visit with interventional pain specialist for possible repeat epidural steroid injection (ESI). The request for authorization date was 11-4-15 and requested service included Pain management Referral related to low back pain as outpatient. The medical records do not document that there is a 50 percent pain relief with associated decrease in medication use for 6-8 weeks post injection. There is no documentation in the exam findings of radicular pain as defined by "pain in

dermatomal distribution". The original Utilization review dated 11-9-15 non-certified the request for Pain management Referral related to low back pain as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management Referral, related to low back pain as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, epidurals are indicated for those with radiculopathy on exam and imaging. In this case, the claimant had an MRI several months ago indicated nerve root impingement of L3-L4. Current notes mention tenderness in the lumbar spine but radicular symptoms or neurological abnormalities are not noted. The request for a pain consultation for an ESI is not substantiated. IN addition, the ACOEM guidelines do not support ESI due to their short term benefit. Therefore the request for the consultation is not medically necessary.