

Case Number:	CM14-0161878		
Date Assigned:	10/07/2014	Date of Injury:	09/09/2011
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of work injury occurring on 09/09/11 when she was involved in a motor vehicle accident. Her vehicle was struck on the side at high speed. She continues to be treated for neck and back pain. She was seen on 01/09/14 for follow-up. Prior treatments had included physical therapy and chiropractic care which had not helped. She was having neck pain radiating into the shoulders and occasionally into the right arm and low back pain radiating into the lower extremities bilaterally. She was working on weight loss. Prior imaging had shown moderate to severe lower lumbar degenerative disc disease with facet arthritis and spondylosis at L4/5 and EMG/NCS testing is referenced as showing possible radiculopathy. Physical examination findings included ambulating with a cane and a shortened stride with slow cadence. She had cervical paraspinal muscle and trapezius muscle tenderness. She had decreased and painful cervical spine and lumbar spine range of motion. Recommendations included continued weight loss. There was consideration of referral for a pain management evaluation. She was continued at temporary total disability. On 02/25/14 Ultram and Mobic were prescribed. She was continuing to take Tylenol. On 03/10/14 she was having ongoing symptoms. Physical examination findings included mild left sacroiliac joint tenderness. She had positive straight leg raising bilaterally. On 04/21/14 medications were continued. On 07/22/14 there was a pending pain management evaluation. She was having ongoing severe low back pain radiating into the legs and feet with occasional numbness. She continued to take medications and working on weight loss. Physical examination findings included cervical paraspinal muscle and trapezius muscle tenderness with lumbar spinous process tenderness. There was decreased and painful cervical and lumbar spine range of motion. There was bilateral sciatic notch tenderness. Straight leg raising was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management Specialist for Epidural Injection of the Lumbar Spine:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 7: Independent Medical Examinations and Consultations, p127

Decision rationale: Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with symptoms, physical examination findings, and EMG/NCS testing consistent with this diagnosis as well as with facet mediated pain and discogenic pain. An epidural steroid injection or other interventional treatment might be an option in her treatment. Therefore requesting a referral to pain management is medically necessary.