

Case Number:	CM14-0219132		
Date Assigned:	01/09/2015	Date of Injury:	08/19/2007
Decision Date:	03/05/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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 57 year old female, who sustained an industrial injury on August 19, 2007, while working as a certified nurses' assistant. The diagnoses have included lumbar post-laminectomy syndrome, lumbar region, thoracic or lumbosacral neuritis or radiculitis, unspecified, and low back pain/lumbago. Treatment to date has included oral medications and epidural steroid injections. Currently, the injured worker has complaints of ongoing neck, left shoulder, low back, and left lower extremity pain, with painful muscle spasms, anxiety, and depression. The Primary Treating Physician's report dated August 13, 2014, noted tenderness of the lumbar paraspinal region, with the injured worker doing well with controlling her pain with oral medications. The injured worker was noted to have received authorization for Behavioral Pain Management Consultation and treatment. On December 26, 2014, Utilization Review non-certified a retrospective request for a follow-up evaluation with a pain management specialist for the lumbar/thoracic regions, provided on September 24, 2014, noting the injured worker had received a left L3-L4 and L4-L5 epidural steroid injection on January 15, 2014, which provided 25 percent reduction in pain which lasted for about six months before the pain levels began to increase. The treatment plan was for a repeat injection and the provider was requesting authorization for a follow-up with a pain management specialists. The UR Physician noted that a repeat injection was not recommended as objective and functional gains from the previous injection, as well as evidence of significant relief, were not documented, and without clinical indication to support a repeat injection, a follow up visit with a pain management specialist was not supported. The Official Disability Guidelines (ODG), Pain Procedure Summary, last

updated November 21, 2014, was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of a retrospective request for a follow-up evaluation with a pain management specialist for the lumbar/thoracic regions, provided on September 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation with a pain management specialist for the lumbar/thoracic regions, provided on September 24, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had already received an epidural injection. An additional injection is not recommended; therefore a pain management referral is not indicated for an injection. The request for a pain specialist is not medically necessary.