

Case Number:	CM15-0010105		
Date Assigned:	01/27/2015	Date of Injury:	03/13/2013
Decision Date:	03/20/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/16/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on 3/13/13. On 1/16/15, the injured worker submitted an application for IMR for review of Pain Management Treatment for the Low Back. The treating provider has reported the injured worker complained of lumbar spine pain with swelling, burning, stiffness, stabbing and weakness with pain radiating from back to hip to leg. Provider describes in an examination right posterior lateral thigh pain and paresthesia (posterior right knee). The injured worker is taking medications listed as Advil, Naprosyn and Tylenol for this pain. The diagnoses have included low back pain, strain with RLE SI Lumbar Radiculopathy, sprain lumbar region. Treatment to date has included Lumbar x-rays (6/19/14), MRI Lumbar Spine (6/19/14), and MRI Right Knee (6/20/14), x-rays bilateral knees (8/18/14). The treatment plan includes "pain management for LESI." On 1/2/15 Utilization Review non-certified Pain Management Treatment for the Low Back. The page for the actual utilization review and Guidelines, were not in the file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Treatment for the Low Back: 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 Page(s): 46.

Decision rationale: Regarding the request for pain management treatment for the low back, it appears that the requested treatment is to consist of a lumbar epidural steroid injection. Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and no other rationale for any pain management consultation and/or treatment has been presented. In the absence of such documentation, the currently requested pain management treatment for the low back is not medically necessary.