

Case Number:	CM15-0018741		
Date Assigned:	03/13/2015	Date of Injury:	09/24/2012
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62-year-old female, who sustained an industrial injury on 9/24/2012. The mechanism of injury was not noted. The diagnoses have included chronic low back pain, degenerative disc disease of the lumbar spine, facet arthropathy of the lumbar spine, depression, and right lower extremity radiculitis. Treatment to date has included conservative measures. Currently, the injured worker complains of back pain, with burning down the lower extremities. Her pain was rated 7/10, but was reported at 10/10 when bending, stooping, or lifting. She got relief from medications and rest. Magnetic resonance imaging of the lumbar spine, dated 10/26/2012, noted multi-level degenerative disc, endplate, and facet changes. Grade 1 retrolisthesis of L3 on L4 and L4 on L5 were noted. Physical exam noted an antalgic gait, no tenderness in the thoracic or lumbar spines, 5/5 lower extremity motor testing, and unspecified diminished sensation in the lower extremities. Medications included Diclofenac XR, Prilosec, Prozac, Xanax, and Wellbutrin. The implementation of an approved lumbar epidural steroid injection at L4-5 was not documented. Referrals for physical therapy, acupuncture, psychology were pending. On 1/16/2015, Utilization Review approved with modification, a request for a lumbar epidural steroid injection, unspecified level (per 10/06/2014) to lumbar epidural steroid injection, L4-5, and non-certified a request for a second opinion spinal surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (unspecified level): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of specific level of radiculopathy. Therefore, Lumbar epidural steroid injection (unspecified level) is not medically necessary.

Second opinion for a spine surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no documentation that the patient requires spinal surgery. There is no documentation of failure of all conservative therapies or the presence of signs of spinal cord compression. The documentation did not include the reasons, the specific goals and end point for using the expertise of a spine specialist. Therefore, the request for Second opinion for a spine surgery consultation is not medically necessary.