

Case Number:	CM15-0173311		
Date Assigned:	09/15/2015	Date of Injury:	01/21/2011
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 30 year old female, who sustained an industrial injury on 01-21-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, umbilical hernia, and reflux. Medical records (03-20-2015 to 08-05-2015) indicate ongoing and persistent low back pain with pain ratings consistently at 4-5 out of 10 in severity. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW had been placed on modified duty. The PR, dated 08-05-2015, reported increased low back pain in the past 3 weeks that was described as stabbing and burning pain in the lumbar region, and associated with numbness and tingling radiating into the left lower extremity. The physical exams, dated 06-19-2015 and 08-05-2015, revealed improvement in tenderness, spasms and stiffness in the lumbar paraspinal musculature. There continued to be decreased sensation to light touch in the right L5 more than the S1 dermatome. And new findings of an antalgic gait on the left. Relevant treatments have included umbilical hernia repair, unspecified conservative treatments, work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (06-25-2015, report available) showed a left paracentral broad-based posterior disc herniation with annular tearing, mild segmental narrowing of the spinal canal with mass effect on the left sided nerve root at L4-5, a broad-based disc bulge at L5-S1 without foraminal encroachment or segmental stenosis, and mild to moderate facet joint degeneration at the lower lumbar levels. The request for authorization (08-05-2015) shows that the following services were requested: a pre-procedure consultation and a left epidural block at L4-L5 and L5-S1. The original utilization review (08-21-

2015) denied the request for a pre-procedure consultation based on the provider not submitting a new request for the consultation only, and denied the request for a left epidural block at L4-L5 and L5-S1 due to the lack of consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-procedure consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. In this case, the claimant has persistent back pain with radiculopathy. The claimant has not responded to NSAIDS. There is no mention of therapy interventions or failure of Tylenol or Tricyclics. In addition, there is no plan mentioned along with the ESI requested. The request for pre-procedure consultation is due to the ESI request, which is not necessary. Therefore, the request for pre-procedure consultation is not medically necessary.

Left lumbar epidural block at L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the claimant has persistent back pain with radiculopathy. The claimant has not responded to NSAIDS. There is no mention of therapy interventions or failure of Tylenol or Tricyclics. In addition, there is no plan mentioned along with the ESI requested for improving function and maintain pain control for the long-term. The ESI request is not medically necessary.