

Case Number:	CM15-0177447		
Date Assigned:	09/18/2015	Date of Injury:	09/25/2013
Decision Date:	10/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 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 62 year old male with an industrial injury dated 09-25-2013. Medical record review indicates he is being treated for herniated disc-lumbar, degenerative disc disease-lumbar, stenosis-lumbar and radiculopathy. In the progress note dated 08-25-2015 the provider documented the injured worker was complaining of low back pain rated as 3-4 out of 10 with radiation to the right lower extremity in the buttocks, lateral thigh and lateral leg with numbness. Physical exam of the lumbar sacral spine findings are documented as limited range of motion testing due to guarding and pain. Straight leg raising test and stump test, right were positive. His medications included Naproxen, Fexmid, Tramadol, Topical pain creams, Lansoprazole, Lisinopril, Temazepam, Voltaren gel and Vitamin D. Prior treatments documented include physical therapy, lumbar brace, diagnostic studies and medications. Medical records reviewed did not indicate the number of physical therapy visits. The provider documented "I recommend selective spinal injections, an ESI (epidural steroid injection) and facet injection at the right both lumbar 4-5." Electro diagnostic study done on 03-03-2014 is documented as follows: Nerve conduction study of the bilateral lower extremity without electro diagnostic evidence for a peripheral polyneuropathy. Electromyography of the bilateral lower extremity and lumbar paraspinal muscles is without active or chronic denervation potentials to suggest a motor lumbosacral radiculopathy at this time. In the 08-25-2015 progress note the provider documented the following regarding x-rays and MRI of the lumbar spine: Flexion-extension x-rays of lumbar spine are documented as age consistent degenerative disc disease and disc height loss, spondylosis, multi-factorial and multi-foraminal narrowing. MRI is documented as age

consistent degenerative changes, disc flattening and herniation, multifactorial and multilevel stenosis. Also documented is a right sided disc herniation at lumbar 4-5, causing lateral recess stenosis, quite large. The request for authorization dated 08-31-2015 is for evaluation and treatment with PM and R - lumbar spine. On 09-08-2015 the request for evaluation and treatment with PM and R - lumbar spine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with PM&R lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does have complex medical issues that have failed all conservative and invasive therapies. Therefore consult is not medically necessary.