

Case Number:	CM15-0041726		
Date Assigned:	03/11/2015	Date of Injury:	08/28/2014
Decision Date:	06/26/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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, New York
 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 was a 49 year old male, who sustained an industrial injury, August 28, 2014. The injured worker fell at work. The injured worker previously received the following treatments MRI of the left knee, Gabapentin, MRI of the lumbar spine and home exercise program. The injured worker was diagnosed with lumbar radiculopathy, probable herniated nucleus pulposus of lumbosacral spine, sprain/strain and contusion of lumbosacral spine, impaction fracture of the left lateral femoral condyle, torn medial collateral ligament and possible meniscal capsular separation medical meniscus. According to progress note of February 10, 2015, the injured workers chief complaint was back and left knee pain. The injured worker was working modified duty when work was available. The injured worker had a normal gait and was able to ambulate on toes and heels. The back pain was aggravated by squatting. There was tenderness paraspinal and tightness bilaterally. The range of motion of the lumbosacral spine was guarded and decreased in all planes, especially in flexion. The treatment plan included referral for a pain management consultation and lumbar spine epidural steroid injection L4-L5, due to the MRI results of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and management (E&M).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The patient has had many forms of conservative therapy with persistent pain. It is considered medically necessary for the patient to have a pain management consultation with persistent symptoms. Therefore, I am reversing the prior UR decision.

Lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for a lumbar epidural steroid injection is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there are subjective findings and MRI findings that would support radiculopathy. However, these were not corroborated by physical exam findings. The patient had normal motor and sensory findings on exam. The patient does not meet criteria for ESI. Therefore, the request is considered medically unnecessary.