MAXIMUS Federal Services

Case Number:	CM15-0074164		
Date Assigned:	04/24/2015	Date of Injury:	02/09/2007
Decision Date:	05/27/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/17/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 53-year-old male, who sustained an industrial injury on 2/9/07. He reported initial complaints of back pain. The injured worker was diagnosed as having status post anterior cervical discectomy fusion C2-6 with residual symptoms; bilateral upper extremity radiculopathy; L4-S1 bilateral disc herniation; bilateral lower extremity radiculopathy. Treatment to date has included physical therapy; medications. Diagnostic studies include MRI cervical and lumbar spine (9/14/12); x-rays cervical spine; MRI lumbar spine (12/27/13); x-rays cervical spine (1/22/14); MRI lumbar spine (1/27/15). Currently, the PR-2 notes dated 2/20/15 indicate the injured worker was there for a neurosurgical reevaluation and request for treatment authorization. He was last examined in this office 12/19/14 and at that time utilized symptomatic medications as needed and directed. He also has a course of physical therapy with some benefit. He has only seen his primary physician other than this neurosurgical provider and is a status post cervical spine surgery (no date noted). The documentation notes complaints of continued pain and stiffness to his cervical spine radiating down both arms, with numbness, tingling and weakness to the upper extremities. He is not working, range of motion of cervical remains limited with cervical compression and distraction and foraminal compression testing negative. The lumbar spine examination demonstrates a loss of normal lumbar lordosis with tenderness to palpation over the paraspinous region with spasms present; straight leg-raises/positive bilaterally at 40 degrees and sacroiliac strain testing is positive. There is noted decreased sensation in the left L5 and bilateral S1 dermatomal distributions. The MRI lumbar spine 1/27/15 was reviewed noting disc herniation and nerve root compression at L4-5 and L5-S1 bilaterally. This provider

has requested continued treatment with pain management physician for injection therapy for the lumbar spine (in the form of an L5-S1 interlaminar epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued treatment with pain management physician for injection therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92 and 127.

Decision rationale: Continued treatment with pain management physician for injection therapy for the lumbar spine is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial fax are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above issues; therefore, the requested service is not medically necessary.