

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0095273 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 05/05/1993 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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, Alabama, 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 an 81 year old male who reported an industrial injury on 5/5/1993. His diagnoses, and/or impressions, are noted to include: Parkinson's disease; lumbosacral spondylosis without myelopathy; lumbar degenerative disc disease with lumbar spinal stenosis and neurogenic claudication (status-post "PSF" of lumbar 4-5); post-lumbar spine surgery syndrome; cervicgia with disc degeneration; status-post lumbar fusion on 1/8/2014; and low back pain with radiculopathy. Recent myelogram was stated to have been done, on 7/29/2014, to assess nerve roots, post-operatively, due to severely antalgic gait; and a computed tomography scan was stated to have been done on 7/29/2014. His treatments have included diagnostic testing; surgeries; injection therapy; physical therapy; membrane stabilizers; opioid/muscle relaxant/non-steroidal anti-inflammatory therapy; and medication management. The progress notes of 12/2/2014 reported chronic lumbar and lower extremity pain, without change in bowel or bladder habits, or incontinence. The objective findings were noted to include cervical and lumbar spine tenderness; bilateral lower extremity pain in a lumbosacral pattern; decreased sensation in the left lower extremity; and a moderately antalgic gait. The physician's requests for treatments were noted to include a pain management consultation and as needed epidural steroid injections to manage pain low back and lower extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 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. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks." (Mayer 2003) There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for a Pain Management Consultation is not medically necessary.

Epidural Injections, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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. Furthermore, MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). MTUS guidelines, recommended repeat epidural injection is considered only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. The patient did not fulfill criteria. Therefore, the request for Epidural Injections, as needed is not medically necessary.