

Case Number:	CM13-0000847		
Date Assigned:	02/26/2014	Date of Injury:	01/27/2013
Decision Date:	04/11/2014	UR Denial Date:	06/05/2013
Priority:	Standard	Application Received:	06/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of January 27, 2013. A utilization review determination dated June 5, 2013 recommends noncertification of pain management consult. A progress report dated June 7, 2013 indicates that the patient has pain shooting down the right lower extremity to the great toe. Objective examination findings identify painful lumbar spine range of motion with 5 out of 5 strength in the lower extremities and normal reflexes. Straight leg raise is positive bilaterally with diminished sensation in the L5 dermatome in the right lower extremity. Diagnoses include degenerative disc disease and right lower extremity radiculitis. The treatment plan recommends pain management consultation with lumbar epidural injection x2. The treatment plan also recommends EMG/nerve conduction studies to evaluate the lower extremities. An MRI of the lumbar spine dated April 30, 2013 identifies a diffuse disc bulge at L5-S1 effacing the fecal sac and bilateral transiting nerve roots resulting in bilateral neural foraminal stenosis with compression to the bilateral exiting nerve roots. A note dated April 19, 2013 indicates the patient has been treated with physical therapy and medication previously.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: Regarding the request for pain management consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the requesting physician has indicated that he would like a pain management consultation to consider a lumbar epidural steroid injection. The documentation provided for review now identifies dermatomal sensory loss which is corroborated by the MRI findings and the patient's subjective complaints. Additionally, the patient has failed conservative treatment including physical therapy, medication, and activity modification. Therefore, an epidural steroid injection may be a reasonable next treatment option. As such, the currently requested pain management consultation is medically necessary.