

Case Number:	CM13-0006114		
Date Assigned:	08/26/2013	Date of Injury:	09/07/2012
Decision Date:	01/02/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

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 underlying date of injury in this case is 9/7/2012. The primary treating diagnosis is lumbosacral neuritis. The patient is reported to have ongoing low back pain radiating mostly to the right lower extremity. MRI imaging of the lumbar spine on 11/14/2012 demonstrated a right paracentral disc protrusion at L4-5 with possible encroachment on the L5 nerve root and disc protrusion at L5-S1 possibly contacting both S1 nerves. The patient has been noted to have tenderness in the right ip and positive straight leg raising, although without frank radiation during the straight leg raise. Otherwise, no gross neurological findings were noted. The treating physician has requested a consultation and epidural steroid injection given the patient's lumbar radicular pain. An initial physician reviewer noted that a pain management consultation was not medically necessary since the patient did not have clinical findings to support a radiculopathy and since the pain management consultation was not indicated given the findings of clinical correlation with a clinical exam. The treating physician indicates that the only reason given for the consultation was to obtain the epidural injection, which was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

A pain management consult with Dr. [REDACTED] for lumbar pain: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Page 127.

Decision rationale: The ACOEM Guidelines, Chapter 7, Consultation, page 127 indicates "The occupational health practitioner may refer to other specialists 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." In this case, the treating physician has requested a pain management consultation. The medical records provided for review indicate that the request is in reference to radicular pain. Certainly this is appropriate based on the guidelines for a pain management physician to consult and provide an additional opinion regarding the source of the employee's pain and what treatment options may be available. It is not necessary to certify an epidural injection in order to certify a consultation in order to obtain treatment recommendations. The request for a pain management consult with Dr. [REDACTED] for lumbar pain is medically necessary and appropriate.

Right lumbar epidural steroid injection L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Page 127.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on epidural injections indicates that radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the medical records provided for review, the clinical findings are equivocal at this time both clinically and by imaging. It may be helpful to review the results of the pending pain management consultation (certified above in request #1) in order to further clarify the basis for a diagnosis and treatment recommendations. At this time the medical records do not support the request for an epidural injection. The request for a right lumbar epidural steroid injection L4-L5, L5-S1 is not medically necessary and appropriate.