

Case Number:	CM13-0019915		
Date Assigned:	12/11/2013	Date of Injury:	04/27/2009
Decision Date:	04/16/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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. 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:

The patient is a 54-year-old male who reported an injury on 04/27/2009. The mechanism of injury was noted to be that the patient was operating a forklift when the brakes failed, and the equipment fell backward off the end of the dock that he was working on, and the patient was knocked unconscious for about 10 seconds. The patient's diagnoses were noted to include chronic low back pain, facet syndrome of the lumbar spine and lumbar radiculopathy. The objective findings revealed that the patient had motor control intact in both lower extremities. The patient had a medial branch block and underwent bilateral L3-5 radiofrequency ablations on 02/18/2010. The patient had an epidural steroid injection on 11/06/2012. The physician indicated that the patient had significant improvement post epidural steroid injection. The request, per the physician's documentation, was for a referral to pain management for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PAIN MANAGEMENT: 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 Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines indicate that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. In this case, the clinical documentation submitted for review indicated that the patient had a prior epidural steroid injection, and the request was made, per the physician, for a repeat epidural steroid injection. There was a lack of documentation indicating that the patient had signs and symptoms of radiculopathy upon objective physical examination and the patient's objective response, including an objective decrease in the VAS score, to the prior ESI was not provided. Given the above, the request for a referral to pain management is not medically necessary.