

Case Number:	CM13-0031070		
Date Assigned:	12/04/2013	Date of Injury:	05/20/2011
Decision Date:	02/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

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. 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 37-year-old male who reported an injury on 05/20/2011. The patient is diagnosed with thoracic or lumbosacral neuritis or radiculitis, degeneration of thoracic or thoracolumbar intervertebral discs, spondylosis with myelopathy, insomnia, anterolisthesis and lumbar facet syndrome. The patient was seen by [REDACTED] on 09/20/2013. The patient reported 7/10 pain. Physical examination revealed positive Kemp's testing, positive facet loading maneuver, positive straight leg raise on the right, diminished reflexes bilaterally, sensory deficit of the anterior lateral thigh corresponding to the L5 dermatome, diminished range of motion and tenderness to palpation. Treatment recommendations included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine specialist consult for medical clearance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. Epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. There is no Guideline recommendation for pre-injection medical clearance prior to an epidural steroid injection. Additionally, the patient has previously undergone therapeutic lumbar epidural steroid injections. The medical necessity for the requested consultation has not been established. Therefore, the request is non-certified

Psychological evaluation for lumbar epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. Epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. There is no Guideline recommendation for pre-injection medical clearance prior to an epidural steroid injection. Additionally, the patient has previously undergone therapeutic lumbar epidural steroid injections. The medical necessity for the requested consultation has not been established. Therefore, the request is non-certified.