

Case Number:	CM13-0038314		
Date Assigned:	12/18/2013	Date of Injury:	05/17/2011
Decision Date:	04/21/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 Interventional Spine, 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:

The patient is a 46 year old male who sustained a work-related injury on 5/17/11. Based on the 9/4/13 progress report provided by [REDACTED], the patient's diagnoses include lumbar spine disc bulges and right knee strain. [REDACTED] report completed on 10/25/13 also states that the patient also had ongoing low back pain with associated left lower extremity radicular symptomatology. The applicant has attended physical therapy, chiropractic, acupuncture, aquatic therapy, and home administered exercise conservative treatment programs, which have not helped the applicant significantly. A previous MRI of the lumbar spine dated 9/21/12 shows moderate narrowing and desiccation at L1-2 with a 2mm posterior central protrusion. There is moderate narrowing and desiccation at L4-5 with a 5mm left lateral disc extrusion causing severe left foraminal encroachment. The right foramen shows mild to moderate encroachment. [REDACTED] is requesting a pain management consult for L4-5 epidural steroid injection (ESI) and facet injections-evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT PAIN MANAGEMENT FOR L4-5 EPIDURAL STEROID INJECTION (ESI) AND FACET INJECTIONS -EVALUATION ONLY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation

Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

Decision rationale: According to the 9/4/13 progress report provided by [REDACTED], the patient presents with lumbar spine disc bulges and right knee strain. [REDACTED] report completed on 10/25/13 also states that the patient also had ongoing low back pain with associated left lower extremity radicular symptomatology. The request is for a pain management consult for L4-5 epidural steroid injection (ESI) and facet injections. The request was denied by utilization review letter dated 9/13/13. The rationale was that the patient had undergone appropriate conservative care without resolution of his symptomatology. Review of the reports show that the patient has positive physical exam findings along with an extruded disc at L4-5. These findings may warrant a trial lumbar ESI. It may be reasonable to have the patient undergo a pain management consultation in consideration for an epidural steroid injection. ACOEM guidelines state that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex. There is no reason why this patient should not be afforded a specialty consultation to address persistent and chronic pain. As such, the request is noncertified.