

Case Number:	CM13-0049503		
Date Assigned:	02/03/2014	Date of Injury:	07/23/2010
Decision Date:	05/12/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 & 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 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 injured worker is a 52-year-old male who reported an injury on 07/23/2010 after lifting a heavy box and reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, acupuncture, chiropractic care, epidural steroid injections, and multiple medications. The injured worker was evaluated on 10/18/2013. It was noted that the injured worker had completed 20 sessions of chiropractic therapy, 26 sessions of physical therapy, and used an interferential unit. Objective physical findings included a positive straight leg raising test to the left and decreased lumbar range of motion secondary to pain. The injured worker's diagnoses included lumbosacral spine sprain, gastritis due to medications, and depressive disorder. A treatment recommendation was made for the injured worker to a pain management specialist for epidural blocks.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS American College Of Occupational And Environmental Medicine 2nd Edition, Chapter 7-Independent Medical Examiners and Consultations.

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

Decision rationale: The requested pain management specialist is not medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends referrals to specialists when patients require treatment that is outside the treating provider's scope of practice. Therefore, it would be medically appropriate for the injured worker to be evaluated by a pain management specialist to determine the need for epidural steroid injections. The injured worker does have electrodiagnostic study evidence of chronic left L4, L5, and S1 radiculopathy. However, the request as it is submitted does not specifically identify the need for specialty consultation. Therefore, the appropriateness of the request itself cannot be determined due to the vagueness of the request. As such, the requested pain management consultation is not medically necessary or appropriate.