

Case Number:	CM13-0050947		
Date Assigned:	12/27/2013	Date of Injury:	03/23/2012
Decision Date:	03/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/13/2013

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 44-year-old male who reported an injury on 03/23/2012. The patient is diagnosed with lumbosacral strain and left hip avascular necrosis status post left total hip replacement. The patient was seen by [REDACTED] on 10/04/2013. The patient presented with left lower extremity pain and lower back pain. Physical examination revealed no apparent abnormalities, tenderness to palpation along the lumbar spine, slight weakness in the left hip flexors and quadriceps, limited range of motion secondary to pain, and decreased sensation in the anterior thigh. Treatment recommendations included a new MRI scan of the patient's lumbar spine and a referral to a Pain Management consultation to consider facet injections versus epidural steroid injections

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with pain management: 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 Page(s): 1.

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. As per the documentation submitted, the patient has previously undergone epidural steroid injections and the patient did report 50% pain relief following 2 epidural steroid injections. Documentation of an exhaustion of conservative treatment prior to the request for a specialty consultation was not provided. Additionally, there is also a request for a new MRI scan of the patient's lumbar spine. Any results of the updated MRI may change the patient's course of treatment. Therefore, a referral to a pain specialist prior to the updated MRI results cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.