MAXIMUS Federal Services

Case Number:	CM13-0070632		
Date Assigned:	02/05/2014	Date of Injury:	04/22/2013
Decision Date:	06/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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, and is licensed to practice in Illinois. 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 39 year old male who reported a low back injury from a motor vehicle malfunction on 04/22/2013. Within the clinical note dated 12/14/2013 it was noted the injured worker underwent an unofficial EMG on 10/09/2013 which reported and elongated H-reflex due to a metabolic disorder and not S1 radiculopathy. The injured worker reported pain rated 3-4/10 in his upper and lower back. The physical exam revealed unremarkable neurologic findings and limited range of motion in the back with palpable tenderness locally. The physician's treatment plan included rest, heat/cold therapy, and a follow-up for epidural steroid injections. The acupuncture note dated 10/29/2013 reported the injured worker had pain rated 7/10 prior to treatment and 4/10 after treatment and reported he felt more relaxed after treatment. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT EVALUATION FOR INJECTION AND POSSIBLE TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Guidelines, Pages 92, and 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for pain management evaluation for injection and possible treatment is not medically necessary. The California MTUS guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. The injured worker has documentation that acupuncture showed successful reduction in pain and stiffness along with pain medication. Additionally, the provider recommended the referral for a possible epidural steroid injection; however, it did not appear the injured worker had signs and symptoms that were congruent with radiculopathy and were corroborated with imaging studies. Hence, the request is not medically necessary.