

Case Number:	CM14-0015155		
Date Assigned:	02/28/2014	Date of Injury:	05/16/2010
Decision Date:	07/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 Texas and Oklahoma. 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 55-year-old male who reported an injury on 05/13/2010, due to an unknown mechanism. The clinical note dated 01/16/2014 presented the patient with low back pain and left knee conditions. The patient had complaints of moderate constant low back pain, stiffness, intermittent radiating pain down the left lower extremity, moderate intermittent left knee pain and swelling. The patient's physical examination revealed stiffness with gait, lumbar spinal range of motion values of 75 degrees with flexion and 20 degrees with extension, paravertebral tenderness with slight spasm, medial joint line tenderness at the left knee and a negative straight leg raise. The patient was diagnosed with low back syndrome, lumbar spine herniated nucleus pulposus, knee arthralgia and knee degenerative joint disease. The provider recommended a referral to a pain management specialist for lumbar ESI with no level specified. The Request for Authorization form was dated 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PAIN MANAGEMENT SPECIALIST FOR LUMBAR ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPDIRUAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The ACOEM Practice Guidelines support specialty consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medication stability, and permanent residual and/or the examinee's fitness for return to work when a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Pain management consultation would then be supported if there was an established need for an invasive procedure that required the expertise of a pain specialist. The California MTUS Guidelines indicate epidural injection as an option for radicular pain. While the medical records submitted for review identified ongoing complaints of low back and radicular pain with prior lumbar ESI injections given at L4-5, there were no objective physical examination findings of radicular symptoms. Additionally, the documentation lacked evidence of specification of level sites and type of epidural injections to be provided. Therefore, the request for a referral to a pain management specialist for lumbar ESI, is not medically necessary and appropriate.