

Case Number:	CM14-0111325		
Date Assigned:	08/01/2014	Date of Injury:	08/10/2010
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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 & 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 37-year-old in with a date of injury of August 10, 2010. The injured worker developed gradual onset of low back and buttocks pain through occupational duties as a clerk. The accepted body region includes the lumbar spine. The injured worker has diagnoses of lumbar radiculopathy, lumbar facet pain, sacroiliitis, and lumbar degenerative disc disease. A lumbar MRI performed on May 24th 2011 demonstrated degenerative disc changes at L4-05 and L5-S1. There was focal indentation on the nerve sac. The patient had a previous transforaminal epidural steroid injection on November 1, 2011. On follow-up examination on November 30, 2011, there is documentation that the patient had 30% pain relief from the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Anesthesiologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127 - Refer to other specialists.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7>, page(s) 127.

Decision rationale: The California Medical Treatment and Utilization Schedule does not have specific guidelines with regard to consulting specialists. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Second Edition state the following in Chapter 7 on page 127: The occupational health practitioner may refer to other specialists if 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. In the case of this request, there is inadequate documentation as to why a consultation with an anesthesiologist is necessary. Therefore, a consultation with Anesthesiologist is not medically necessary at this time.

Left Lumbar Epidural Steroid Injection at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Epidural Steroid Injection Section>, page(s) 47 Page(s): 47.

Decision rationale: In the case of this injured worker, there is some discrepancy as to the benefit of previous epidural steroid injection. In a progress note on May 5th 2014, the requesting provider states that previous lumbar epidural blocks had help the patient for more than 50% which lasted for more than 6 months. On the other hand, the utilization review determination specifies that the patient had a previous transforaminal epidural steroid injection on November 1, 2011, and had only 30% pain relief from the injection on November 30, 2011. After reviewing all the submitted documentation's, I do not see the note from November 30, 2011 submitted. This would be a crucial piece to resolve the conflicting reports between the utilization review determination and the most recent progress note from the requesting provider. Therefore, at this time the left Lumbar Epidural Steroid Injection at L4-5, L5-S1 is not medically necessary.