

Case Number:	CM14-0117219		
Date Assigned:	08/06/2014	Date of Injury:	02/21/2013
Decision Date:	09/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational Medicine 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 patient is a 21-year-old male who has submitted a claim for idiopathic scoliosis associated with an industrial injury date of 2/21/2013. Medical records from 8/13/2013 up to 5/19/14 were reviewed showing acute mid back pain without radiculopathic symptoms, 6-9/10 in severity. There was no numbness or tingling. Pain was described as tension like with spasms and stiffness. Physical examination showed a morbidly obese individual. Visual inspection of the lumbosacral spine noted that thoracolumbar posture is well-preserved with no splinting. PE dated 4/15/14 noted that there is significant kyphoscoliosis at the thoracolumbar junction with a very pronounced drooping of right shoulder. Musculoskeletal examination was essentially normal. MRI of the lumbar spine taken 5/6/13 revealed no fractures or dislocation, no disc herniation or nerve root impairment. There was a MRI of the mid-back that had been taken 4/1/13 which revealed mild degenerative changes from T5 through T10 with mild flattening of the ventral cord without spinal stenosis, multilevel mild neuroforaminal narrowing and a contour deformity of the dorsal code with no mass. Treatment to date has included Tylenol and physical therapy. Utilization review from 6/26/2014 denied the request for Pain management consult/Evaluation for injections for chronic back pain. There was no evidence of criteria for epidural steroid injection or facet/sacroiliac injection. It is not clear what the pain management specialist would do.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult/Evaluation for injections for chronic back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition;http://222/dir/ca/gov/t8/ch4_5sbia5_5_2.html.

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, Independent Medical Examinations and Consultations, page(s) 127 Official Disability Guidelines (ODG) Low Back, Steroid injections.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. As per ODG, epidural steroid injections are recommended for (a) radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) with present objective findings on examination. It must also be supported by imaging studies and/or electrodiagnostic testing; (b) initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants. In this case, the patient reported benefit from physical therapy. The patient is also morbidly obese and PR dated 5/19/14 noted that the patient's symptoms are related to chronic myospasm where weight loss, core strengthening, and non-impact aerobic exercises would be greatly beneficial. Furthermore, physical examination failed to elicit radiculopathic symptoms. In addition, diagnostic imaging studies did not show evidence of nerve root compromise. Therefore, the request For Pain Management Consult/Evaluation for Injections for Chronic Back Pain is not medically necessary.