

Case Number:	CM14-0161822		
Date Assigned:	10/07/2014	Date of Injury:	10/26/2010
Decision Date:	11/20/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old woman who sustained a work related injury on October 26, 2010. Subsequently, she developed chronic shoulder, and low back pain. According to a progress report dated September 26, 2014, the patient had a flare-up of low back pain that she described as acute and rated it as 10/10. She has been taking naproxen and occasionally Flexeril to help manage the pain. The patient was also complaining of left shoulder pain when articulating her shoulder. She described the pain as sharp at 7/10. Examination of the lower back revealed tenderness to palpation in the bilateral paraspinal areas, as well as tenderness to palpation at the bilateral sacroiliac joints. There is positive result to the left leg raise test. The patient has difficulty with walking with limited range of motion. The examination of the left shoulder revealed tenderness to palpation in the subacromial area of the lateral shoulder. There is positive impingement sign on the left shoulder with limited range of motion. The patient was diagnosed with lumbar spine facet syndrome, lumbar spine sciatica, lumbar spine DDD, lumbar spine radiculitis, shoulder bursitis subacromial, and chronic pain syndrome. The patient received a corticosteroid injection in the subacromial space of her left shoulder using aseptic technique and ultrasound guidance. The provider requested authorization for Consultation for possible lumbar injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for possible lumbar injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 2nd Edition , 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, page(s) 32-33; Guidelines Assessing Red Flags and Ind.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for lumbar injection consultation. There is no recent documentation of lumbar radiculopathy or lumbar dysfunction that may require injections. Therefore, the request for lumbar injection consultation is not medically necessary.