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| Case Number: | CM14-0031021 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 09/26/2012 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/24/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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, has a subspecialty in Interventional Spine 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 46 year old male with an injury date of 09/26/12. Based on the 01/07/14 progress report provided by [REDACTED], the patient complains of low back pain radiating to the right lower extremity and bilateral hip pain. The patient is diagnosed with the following: Predominantly right lumbar radiculopathy, Right greater than left lumbosacral strain and SI joint strain, Bilateral hip pain, right greater than left, The 10/22/13 MRI of the lumbar spine revealed the following: degenerative disc disease, most pronounced at L2-L3 through L4-L5, bilateral facet degenerative changes and annular bulging of the disc at several levels result in neural foraminal encroachment and compromise of the exiting nerve root at L3-L4 and more severe at L4-L5, The 10/02/13 electrodiagnostic exam showed mild S1 lumbar radiculopathy on the right. [REDACTED] is requesting for a consultation regarding potential epidural injections. The utilization review determination being challenged is dated 02/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/22/13- 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION REGARDING POTENTIAL EPIDURAL INJECTIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition 2004, page 127.

Decision rationale: According to the 01/07/14 report by [REDACTED], the patient presents with low back pain radiating to the right lower extremity and bilateral hip pain. The request is for a consultation regarding potential epidural injections. ACOEM Practice Guidelines page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. This patient has radicular symptoms with an MRI showing nerve root involvement. A consult for potential ESI seems reasonable. Therefore the request is medically necessary.