

Case Number:	CM14-0035036		
Date Assigned:	06/23/2014	Date of Injury:	11/04/2012
Decision Date:	11/04/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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:

There were 647 pages provided for this review. There was an independent medical review request for clearance from an internal medicine specialist and psychological evaluation for clearance. The form was not signed and there was no date. These appear to have been associated with a request for a lumbar epidural steroid injection and medial branch blocks that were not recommended. The patient had just had a February 2014 lumbar epidural steroid injection of questionable success. The patient has low back pain that radiates to both legs with associated numbness and tingling. On February 17, 2014 the patient had an epidural steroid injection that gave 50% relief. The relief however was only for nine days. The patient complains of constant pain in the low back traveling to both legs, which she describes as throbbing, sharp, burning and needlelike. She has difficulty falling asleep. An MRI was provided that showed disc protrusions at L4-L5 and L5-S1 measuring 3 to 4 mm with annular tears. Diagnoses included lumbar disc displacement, thoracic neuritis were radiculitis, degenerative disc disease, lumbar facet syndrome, psychosexual dysfunction unspecified; sleep disorder, anxiety, weight loss and headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clearance from an internal medicine specialist/ psychological evaluation for clearance for injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, it is not clear why special clearance by these specialities is needed. It is clinically unusual. Further, this request for the speciality clearance consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.