

Case Number:	CM14-0077456		
Date Assigned:	07/18/2014	Date of Injury:	03/02/2010
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and left hip pain reportedly associated with an industrial injury of March 2, 2010. Thus far, the applicant has been treated with the following, Analgesic medications, Lumbar Epidural Steroid Injection therapy; a total hip arthroplasty; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated May 13, 2014, the request was denied for consultation with a pain management specialist on the grounds that the request represented a precursor to consideration of epidural steroid injection therapy. The report indicated a poor response to earlier epidural injections and therefore denied the consultation. In a May 23, 2010 office visit, the applicant reported persistent complaints of low back pain radiating to the left leg, 7/10. The applicant had comorbid diabetes, it was acknowledged. The applicant did have a mildly antalgic gait and positive straight leg raise on the left. The attending provider stated that he was formerly requesting both a Utilization Review appeal and an independent medical review application. The attending provider stated that epidural steroid injection therapy represented the applicant's best possible hope of recovery at this point. The attending provider acknowledged that the applicant was off of work and had reportedly taken retirement. In an earlier note of May 5, 2014 somewhat incongruously, the attending provider stated that the applicant was still receiving total temporary disability benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Pain Specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which proved recalcitrant to conservative management should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has persistent chronic low back pain complaints which have proven recalcitrant to time, medications, physical therapy, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, may be beneficial in helping to formulate other treatment options. Therefore, the request for Consult with Pain Specialist is medically necessary.