

Case Number:	CM14-0189025		
Date Assigned:	11/19/2014	Date of Injury:	08/09/2001
Decision Date:	01/08/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 47 year old male with an injury date of 08/09/01. Based on the 08/29/14 progress report, the patient complains of back and right lower extremity symptoms. When he stands, his right leg goes numb from the hip down. "Other times he will feel pain that will start in the buttock and lateral hip and travel down the leg, but usually only to the knee." He is wearing bilateral knee braces and has decreased strength in the right lower extremity. The patient uses a cane to ambulate. He has headaches, memory loss, anxiety, depression, stress, and difficulty concentrating. The 10/15/14 report indicates that the patient has tenderness with palpation throughout the lumbar spine. Sensory exam showed mild hyperesthesias over the right lateral thigh. The 10/31/14 report states that the patient also has shoulder pain which radiates to his arm, forearm, hand, and upper right thoracic area. In addition, he has right hip pain which radiates to the right testicle. "Associated joint symptoms include back pain, leg weakness, and intermittent numbness in his right lateral thigh, calf, and foot. An MRI done in April of 2014 revealed evidence of an annular tear at the L4/5 level with small increased T2 signal and disc bulges at the L3/4 and L5/S1 levels. There is no evidence of any significant central or neural foraminal nerve root irritation. The patient's diagnoses include the following: 1. Lower limb paresthesia, 2. Facet syndrome, 3. Lumbosacral spondylosis, 4. Low back pain, 5. Transient numbness of the right lower extremity, 6. Hip pain due to failed right hip revision secondary to socket loosening; s/p revision 01/24/12, 7. Degeneration of L3-4, L4-5, and L5-S1 discs, 8. Shoulder pain, s/p repair of rotator cuff and labral tears, 9. Medial meniscus tear left knee, 10. Adjustment disorder with depressed mood. The utilization review determination being challenged is dated 11/04/14. Treatment reports were provided from 06/20/14- 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California code of Regulations, Title 8

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in his back, right lower extremity, shoulders, and right hip. The request is for a CONSULT INJECTION for a trial of facet joint injections in the right lower lumbar levels. No reasoning was provided as to why this consult is needed. The utilization review denial rationale is that "there is no documentation of what lower levels of conservative care have failed. There is no evidence medial branch block has been performed." ACOEM Practice Guidelines, 2nd edition (2004), page 127, has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." MTUS page 8 also require that the treater provide monitoring of the patient's progress and make appropriate recommendations. In this case, the request is for a consult for an injection, which should be allowed according to ACOEM Guidelines. Whether or not the considered injections are warranted will depend on this consultation and necessary information provided. Recommendation is for authorization.