MAXIMUS Federal Services

Case Number:	CM14-0196264		
Date Assigned:	12/04/2014	Date of Injury:	08/24/2011
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family 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 injured worker is a 49 year old female who sustained a cumulative work injury from 1985-2011 involving the back and knees. An MRI in 2012 showed a right meniscal knee tear. An MRI of the lumbar spine in 2013 showed L5-S1 disc protrusion, impingement of the right nerve rot as well as encroachment of the left nerve root. She was diagnosed with lumbar disk disease. A progress note on 10/10/14 from the orthopedic surgeon indicated the claimant had continued back pain radiating to the legs. Physical findings were notable for tenderness and swelling in the back and limited range of motion. Straight leg raise testing was positive in the supine and standing position. The surgeon requested 3 epidural injections. In addition a pain management consultation was subsequently made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

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) Specialist referral and pg 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex , when psychosocial factors are present , or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the need for a pain specialist is not specified. It is unclear if the orthopedic surgeon will be doing the epidural injections or if that is the reason for the referral to a pain specialist. The pain management consult is not justified and not medically necessary.