

Case Number:	CM14-0208856		
Date Assigned:	12/22/2014	Date of Injury:	10/21/2014
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained work related industrial injuries on October 21, 2014. The mechanism of injury involved slip and fall while washing car mats. The injured worker subsequently complained of pain to left hip, leg and shoulder. The injured worker was diagnosed and treated for left hip joint pain, degeneration of lumbar or lumbosacral intervertebral disc and contusion of shoulder region. Treatment consisted of radiographic imaging, prescribed medications, consultation and periodic follow up visits. Per treating provider report dated October 21, 2014, hip exam revealed decreased range of motion and bony tenderness in the left hip. X-ray of the left hip revealed mild degenerative changes. X-ray of the left shoulder and x-ray of the pelvis were unremarkable. According to pain management consultation report dated November 18, 2014, physical exam revealed tenderness to palpitation at L3-L5, over bilateral facet joints and tenderness to palpitation over left sacroiliac joint. Provider noted that the injured worker's exam revealed sensory radiculopathy in the left L2-S1 distributions. Additionally, the provider noted that based on review of medical record, the injured worker failed to demonstrate durable and significant improvement in pain and/or functional capacity with previously prescribed medical and conservative therapies. Provider's recommendations were epidural steroid injections for the treatment of low back pain and lumbar radiculopathy. As of November 19, 2014, the injured worker was placed on modified work restrictions. The treating physician prescribed services for pain management now under review. On November 13, 2014, the Utilization Review (UR) evaluated the prescription for pain management requested on November 5, 2014. Upon review of the clinical information, UR non-certified the request for

pain management, noting the lack of clinical documentation indicating responses from previous treatment and the recommendations of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is status post work-related injury occurring on 10/21/14. Treatments included physical therapy and medications without improvement. An MRI of the lumbar spine on 11/18/14 showed findings of multilevel degenerative disc disease with an L4-5 disc protrusion with right lateralization. According to the criteria for the use of epidural steroid injections includes that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, when seen by the requesting provider there was a normal neurological examination with negative neural tension signs. There were no lateralizing findings by MRI that would confirm a diagnosis of radiculopathy. Since the criteria are not met the requested consultation was not medically necessary.