

Case Number:	CM15-0133714		
Date Assigned:	07/21/2015	Date of Injury:	05/14/2001
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 64-year-old male with an industrial injury dated 05/14/2001. The injured worker's diagnoses include degenerative disc disease of the lumbar spine with bilateral radiculopathy, lumbar stenosis, and chronic bilateral shoulder pain and generalized sensory peripheral neuropathy. Treatment consisted of Electromyography (EMG) of the bilateral lower extremities dated 04/19/2015, Magnetic Resonance Imaging (MRI) of the lumbar spine dated 05/21/2015, prescribed medications, and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported increasing pain to the low back, bilateral shoulder, bilateral arms and right leg. Objective findings revealed diffuse tenderness to palpation over the bilateral lower lumbar spine and musculature. Magnetic Resonance Imaging (MRI) of lumbar spine revealed progression of multifactorial changes at L3-4 with more prominent to severe central canal and lateral recess as well as neural foraminal stenosis. The treating physician prescribed services for consult with pain management physician to evaluate for lumbar spine epidural steroid injection, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Pain Management Physician to evaluate for lumbar spine epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 46. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice
Guidelines, page 127.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records do indicate ongoing pain, unresponsive to current therapies and interventions. The request for consultation with pain management is qualified with "to evaluate for lumbar spinal epidural steroid injection". While the submitted documentation is inadequate to approve a lumbar epidural steroid, the request is for consultation by a specialist to make his or her recommendation re the utility of epidural steroid or, naturally, any other interventions which might be indicated to more adequately control pain. Consultation with pain management specialist is medically necessary.