

Case Number:	CM15-0183579		
Date Assigned:	09/29/2015	Date of Injury:	02/28/2014
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old male, who sustained an industrial injury on February 28, 2014, incurring upper and lower back injuries. He was diagnosed with cervical degenerative disc disease, cervical spondylosis, lumbar degenerative disc disease, lumbar spondylosis, lumbar facet arthropathy and lumbar radiculopathy. Treatment included opiates, muscle relaxants, lumbar support, epidural steroid injection, and activity restrictions. Currently, the injured worker complained of persistent left lower back pain radiating into the left lower extremity rated 8 out of 10 on a pain scale from 1 to 10. He noted decreased sensation along the lower left leg interfering with his daily activities of living. The treatment plan that was requested for authorization on September 18, 2015, included a consultation regarding the medical request for lumbar epidural steroid injection and a consultation regarding the medical request for purchase of an interferential unit with a date of service of June 9, 2015. On September 1, 2015, a request for a lumbar epidural steroid injection and a purchase for a transcutaneous electrical stimulation unit was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation regarding the medical request for lumbar epidural steroid injection at an unknown level: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The requested treatment as stated is not clear; it is unclear if the requested treatment is for pain management consultation regarding lumbar epidural or if the request is for the actual epidural injection. It would seem strange that the request is for consultation with [REDACTED] as [REDACTED] was the requesting provider. According to the peer-to-peer review, the request is for the actual epidural and not a consultation to determine if epidural is recommended. The peer reviewer states that the requested epidural is not appropriate as lumbar level and steroid dosage was not specified, as such, the requested treatment is ambiguous and not medically necessary. However the clinic note from the date of the request on 8/27/15 states that the "RFA for the left L4-5 and L5-S1 epidural injection". Consequently there appears to be a contradiction between the requested treatment listed on the peer review and IME and what the provider actually requested on 8/27/15. In any case, due to the ambiguity and lack of clarity of what the request is for, I cannot determine if it is medically appropriate at this time.

Consultation regarding the medical request for purchase of an interferential unit, date of service 6/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The requested treatment as stated is not clear; it is unclear if the requested treatment is for pain management consultation regarding purchase of an interferential unit or if the request is for the purchase of the unit. It would seem strange that the request is for consultation with [REDACTED] as [REDACTED] was the requesting provider. According to the peer-to-peer review, the request is for the unit and not a consultation to determine if it is recommended. At this point purchase of a unit is not appropriate at this time due to lack of initial trial. Considering there has not been a one-month trial to determine the efficacy of this treatment, the purchase of a unit for "indefinite use" is not medically necessary at this time. In any case, due to the ambiguity and lack of clarity of what the request is for, I cannot determine if it is medically appropriate at this time.