

Case Number:	CM15-0186654		
Date Assigned:	09/28/2015	Date of Injury:	05/03/1999
Decision Date:	11/19/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/22/2015

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: Texas, New York, California
 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 60 year old male, who sustained an industrial injury on May 3, 1999. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having essential hypertension, advance care planning, chest pain, bilateral shoulder pain, healthcare maintenance, hyperlipidemia, hypogonadism male, left-sided low back pain with left-sided sciatica and mood disorder due to known physiological condition with major depressive-like episode. Treatment to date has included laboratory studies, surgery, physical therapy and medication. On August 5, 2015, the injured worker complained of chronic back pain and depression. He was referred to a pain specialist for a possible epidural injection. On August 29, 2015, utilization review denied a request for one pain specialist referral for possible injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Pain specialist referral for possible injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (chapter: chronic Pain Disorder; Section: therapeutic Procedures, Non-Operative), 4/27/200, pg. 56.

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

Decision rationale: Yes, the request for a pain specialist referral to consider a possible injection was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had ongoing, long-standing low back pain complaints, which had seemingly proven recalcitrant to a variety of medications, including opioid agents such as Norco. Obtaining the added expertise of a pain specialist to consider and/or formulate other treatment options, including possible injection therapy, was, thus, indicated. Therefore, the request was medically necessary.