MAXIMUS Federal Services

Case Number:	CM15-0193225		
Date Assigned:	10/30/2015	Date of Injury:	02/02/2013
Decision Date:	12/11/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California
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:

This is a 47 year old male with a date of injury of February 2, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder sprain and strain, rule out left shoulder internal derangement, lumbar spine sprain and strain, lower back pain, lumbar spine radiculopathy, and lumbar disc displacement herniated nucleus pulposus. Medical records dated July 10, 2015 indicate that the injured worker complained of left shoulder pain rated at a level of 5 out of 10 radiating down the arm to the fingers with muscle spasms, and lower back pain and muscle spasms rated at a level of 5 out of 10 with associated numbness and tingling of the bilateral lower extremities. A progress note dated September 4, 2015 documented complaints similar to those reported on July 10, 2015. Per the treating physician (September 4, 2015), the employee was not working. The physical exam dated July 10, 2015 reveals tenderness to palpation of the left trapezius, supraspinatus, rhomboid, and levator scapula muscles, left acromioclavicular joint tenderness to palpation, decreased range of motion of the left shoulder, tenderness to palpation at the paralumbar muscles and lumbosacral junction, decreased range of motion of the lumbar spine, pain with toe walking, positive straight leg raise bilaterally, decreased sensation to pin prick and light touch at the L4, L5, and S1 dermatomes bilaterally, and decreased motor strength in all the represented muscle groups in the bilateral lower extremities. The progress note dated September 4, 2015 documented a physical examination that showed no changes since the examination performed on July 10, 2015. Treatment has included medications (Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and Ketophene), acupuncture, chiropractic treatments, and localized intense, neurostimulation therapy.

The utilization review (September 9, 2015) non-certified a request for a pain management specialist consultation regarding a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management consultation: Overturned

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

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

Decision rationale: According to the guidelines, ESIs are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. In this case, the claimant did have confirmed radiculopathy. The claimant had persistent pain despite undergoing conservative care. The request for pain management consultation to evaluate for an ESI is medically necessary.