MAXIMUS Federal Services

Case Number:	CM15-0021766		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2013
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male who reported injury on 04/17/2013. The mechanism of injury was the injured worker fell through a skylight landing 20 feet below on metal stairs. The injured worker was noted to have an injury of a comminuted right mandibular fracture and minimally displaced C7 transverse process fracture. The injured worker underwent an open reduction internal fixation complex mandible fracture on 04/19/2013 with removal of the arch bar on 06/07/2013. The injured worker underwent debridement of the intraoral mucosal tissue and removal of a deep buried screw on 07/19/2013. The injured worker had a left shoulder arthroscopy repair and debridement of a SLAP lesion on 03/11/2014 and right knee arthroscopic surgery on 09/11/2014. The prior diagnostic studies included an MRI of the lumbar spine. There was a Request for Authorization form submitted for review dated 01/02/2015. The documentation of 12/19/2014 revealed the injured worker had low back pain. The physician documented he reviewed the lumbar MRI which revealed bulging disc at L4-5 level with SI nerve root impingement which was noted to be consistent. The medications included gabapentin and Norco. The physical examination findings revealed the injured worker had tenderness in the lumbar paraspinal muscles, increased pain with extension compared to flexion in the low back, and dysesthesia to light touch at S1 dermatome, left leg extending to the heel with tenderness into the posterior heel. The diagnoses included lumbar degenerative disc disease. The treatment plan included Norco 10/325 mg, Norco 550 mg by mouth twice a day, and a lumbar epidural steroid injection due to increased back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-lumbar steroid injection consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Epidural Steroid Injection Page(s): 1, 46.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings upon physical examination of radiculopathy and documentation of nerve impingement per MRI or electrodiagnostic studies. Additionally, there should be documentation of a failure of conservative care including physical medicine, exercises, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. Without such, the request for a pre lumbar steroid injection consultation would not be necessary. Given the above, the request for pre lumbar steroid injection consult is not medically necessary.