

Case Number:	CM15-0213274		
Date Assigned:	11/03/2015	Date of Injury:	06/22/2008
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/29/2015

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

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 51-year-old female, who sustained an industrial injury on 6-22-2008. The injured worker is undergoing treatment for: status post right hip replacement, lumbosacral musculoligamentous strain, depression with tension headache, left cerebellopontine angle mass. On 9-1-15, she reported intermittent headaches, decreased hearing on the left, intermittent numbness of the left lower side of her face, and intermittent dizziness. Physical examination revealed decreased hearing on the left. On 9-2-15, she reported improved right hip pain rated 4-5 out of 10, left hip pain rated 6-9 out of 10, low back pain rated 8 out of 10. She is noted to ambulate with a walker. Physical examination revealed decreased left hip range of motion, surgical scar on right hip, tenderness and decreased range of motion of the lumbar spine with positive bilateral straight leg raise testing. The treatment and diagnostic testing to date has included: right hip replacement (date unclear), multiple sessions of acupuncture, medications. Medications have included: lorazepam, citalopram, fioricet. Current work status: temporarily totally disabled. The request for authorization is for: pain management consultation. The UR dated 9-30-2015: non-certified the request for pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient presents on 07/28/15 with left hip and lumbar spine pain. The patient's date of injury is 06/22/08. The request is for PAIN MANAGEMENT CONSULTATION. The RFA is dated 07/28/15. Physical examination dated 07/28/15 reveals tenderness to palpation of the left hip with positive FABER and Trendelenberg's tests noted. The provider also notes tenderness to palpation of the greater Trochanteric bursa and lumbar paraspinal musculature. The patient is currently prescribed Axid and Norco. Per progress noted 07/28/15, the patient is currently classified as temporarily totally disabled for six weeks. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8. Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. About the request for a consultation with a pain management provider for the purpose of a lumbar ESI, this patient does not meet guideline criteria for such a procedure. Per progress note dated 07/28/15, the provider states the following regarding this request: "RFA PM Consult for consideration of L/S ESI." [sic] This patient presents chronic lumbar spine pain and subjective complaints of radiculopathy, though the physical assessment associated with this request (07/28/15) does not include evidence of neurological compromise in the lower extremities. No MRI imaging indicative of foraminal stenosis/nerve root abutment in the lumbar spine was provided for review, either. Without evidence of neurological compromise in a specific dermatomal distribution corroborated by MRI imaging indicative of foraminal stenosis/nerve root abutment in the lumbar spine, a consultation with a pain specialist for the purpose of a lumbar ESI cannot be substantiated. Therefore, the request IS NOT medically necessary.