

Case Number:	CM15-0033877		
Date Assigned:	02/27/2015	Date of Injury:	07/09/2003
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female, who sustained an industrial injury on 7/9/2003. She reports sliding machinery and injuring her lower back. Diagnoses include cervical discopathy, bilateral knee degenerative joint disease, cervical radiculopathy, lumbar radiculopathy, obesity, status post left knee arthroplasty and left total knee revision. Treatments to date include surgery, physical therapy, aquatic therapy, acupuncture and medication management. A progress note from the treating provider dated 12/15/2014 indicates the injured worker reported neck, back, bilateral knee, right hip and bilateral shoulder pain. On 1/30/2015, Utilization Review non-certified the request for pain management consultation for a lumbar spine epidural steroid injection, citing ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consult for a lumbar spine epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 chapter 7 consults.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: According to the documents available for review, the IW is already being followed by a pain management center for numerous pain complaints. It is unclear from the documentation why a referral to another pain clinic would be needed. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.