

Case Number:	CM15-0062163		
Date Assigned:	04/08/2015	Date of Injury:	06/17/2014
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida, 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:

This 31 year old male sustained an industrial injury to the neck, low back, right leg and shoulder on 6/16/14. Previous treatment included magnetic resonance imaging, chiropractic therapy, physical therapy, epidural steroid injections, shoulder injections, medications and home exercise. In a PR-2 dated 3/3/15, the injured worker complained of right shoulder pain rated 6-7/10 on the visual analog scale and lumbar spine pain associated with occasional numbness and tingling to bilateral hips and bilateral lower extremities. Physical exam was remarkable for sacroiliac joint tenderness to palpation, lumbar spine with slight tenderness to palpation in the spinous processes at L1-S1 with slight tenderness to palpation in the paraspinal musculature on the left, and the gluteus and piriformis muscles with spasm, positive bilateral straight leg raise, restricted and painful range of motion, 4/5 left lower extremity strength, decreased sensation at the left L4-5 distribution and positive left Lasegue's test. The injured worker walked with an antalgic gait. Current diagnoses included cervical spine sprain/strain, bilateral shoulder sprain/strain, downsloping acromion, acromioclavicular joint arthritis, tendinosis, synovium effusion, subacromial bursitis, sclerotic focus in the humeral head, lumbar spine sprain/strain, hyperlordosis of lumbar spine, lumbar spine disc desiccation and lumbar spine disc herniation. The treatment plan included a referral to pain management for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Also, many pain generators were described in the notes, and it is not clear radicular pain is the source. Without a higher index of suspicion of a radicular pain generator, ESI presents more risk than potential diagnostic benefit. The request is not medically necessary.

Pain Management visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. ACOEM Guidelines, Chapter 7, Page 127, state 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.