

Case Number:	CM15-0084403		
Date Assigned:	05/06/2015	Date of Injury:	01/07/2015
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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 33-year-old male who sustained an industrial injury on January 7, 2015. He has reported lower back pain and has been diagnosed with sprain/strain lumbar and intercostal strain. Treatment has included acupuncture, chiropractic care, rest, modified work duty and medications. Currently the injured worker complains of lower back pain with toe numbness. Examination noted tenderness of the paravertebral musculature with restricted range of motion. The treatment request included a pain management consultation in consideration of the lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation in consideration of lumbar spine epidural steroid injection (ESI): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286, 287, 305, 306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127, consult.

Decision rationale: Based on the 02/26/15 progress report provided by treating physician, the patient presents with low back pain rated 9/10 that radiates into buttocks and upper posterior thighs. The request is for pain management consultation in consideration of lumbar spine epidural steroid injection (ESI). Patient's diagnosis per Request for Authorization form dated 03/20/15 includes lumbar sprain, thoracic or lumbosacral neuritis or radiculitis, sprain of thoracic, and sprain of neck. Physical examination to the lumbar spine on 02/26/15 revealed tenderness to palpation to paravertebral musculature. Range of motion was restricted and decreased, especially on extension 15 degrees. Treatment has included imaging studies, acupuncture, chiropractic care, modified work duty and medications. Patient's medications include Zantac, Norco, and Cyclobenzaprine. The patient may return to work with restrictions, per 02/04/15 work status report. Treatment reports were provided from 01/08/15 - 03/20/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 "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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. UR letter dated 04/02/15 denied the request stating "Guidelines consider ESI an option for radiculopathy documented by medical history and examination findings and corroborated by imaging and/or electrodiagnostic studies." This is a request for pain management consult in consideration of lumbar ESI. ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Given the patient's condition, the request for consult appears reasonable. Therefore, the request is medically necessary.