

Case Number:	CM15-0087684		
Date Assigned:	05/11/2015	Date of Injury:	07/01/1992
Decision Date:	06/17/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 07/01/1992 when she slipped in the restroom and pulled muscles in her back. She was diagnosed with lumbar muscle strain and thoracic spine strain. Treatment to date has included MRI, medications, x-rays, physical therapy and lumbar epidural injections. An MRI done on 10/09/1996 showed a mild diffuse annular disc bulge and disc marginal osteophyte with no significant narrowing of the thecal sac. The provider noted that the injured worker was referred for epidural injections without much relief. Lumbar epidural injections were performed on 11/05/1996, 11/27/1996 and 01/23/1997. According to a Doctor's First Report of Occupational Injury dated 03/09/2015, the injured worker complained of mid back and low back pain. Treatment plan included MRI to rule out disc herniation, medications and physical therapy. Currently under review is the request for consultation with an anesthesiologist (thoracic, lumbar).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with An Anesthesiologist (Thoracic, Lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines: TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the referral to an anesthesiologist is not warranted. The request is for a referral to see if the injured worker is a candidate for an epidural steroid injection. The injured worker has had at least 3 previous injections with reported minimal pain relief. There is no documentation of radiculopathy in the most recent progress report requesting the referral. A previous MRI revealed no evidence of lumbar nerve root involvement. The request for consultation with an Anesthesiologist (Thoracic, Lumbar) is determined to not be medically necessary.