

Case Number:	CM14-0123647		
Date Assigned:	09/16/2014	Date of Injury:	06/17/2012
Decision Date:	10/17/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 51-year-old male with a 6/17/12 date of injury. The mechanism of injury occurred when the patient was involved in a motor vehicle accident and glass fragments landed on the right side of his scalp. According to a progress report from an orthopedic surgeon dated 9/3/14, the patient was seen for issues related to his lumbar radiculopathy, occipital neuralgia, cervical facet syndrome, and right SI joint dysfunction. The patient has been doing well with several injections. He last had an L5-S1 epidural injection with 70% relief for a period of 6 months. On 2/7/14, he received a right occipital nerve block. Based on his evaluation, the patient is requesting another right L4-L5, L5-S1 Transforaminal Epidural Steroid Injection to improve his pain. He wanted to repeat the injection so he can resume home exercise program including swimming and cycling. The hip and cervical spine has been progressing well. The patient will be seen again as a follow-up after the authorization process. Lumbar MRI findings from 2/13/13 revealed annular prominence, facet arthropathy, and facet joint synovitis at L4-5 and left eccentric annular prominence at L5-S1. Diagnostic impression: lumbar radiculopathy, occipital neuralgia, cervical facet syndrome, and right SI joint dysfunction. Treatment to date: medication management, activity modification, ESI. A UR decision dated 7/22/14 denied the request for one consultation report. A Consultation Report is not medically necessary at this time, as the provider did not need a consultation report from the orthopedic surgeon to formulate a treatment plan, which at this time appeared to only include monitoring of the patient's progress as the patient had indicated that he did not need further treatment at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation Report: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6 page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a 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. The patient has already had a pain management consult and a prior lumbar epidural steroid injection. Since the patient has already seen a pain management specialist, a new consult is not necessary at this time. Therefore, the request for 1 consultation report was not medically necessary.