

Case Number:	CM14-0152728		
Date Assigned:	09/22/2014	Date of Injury:	05/02/2014
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/18/2014

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 in Pain Medicine and is licensed to practice in Minnesota. 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:

The injured worker is a 41-year-old male who reported an injury on 05/02/2014. The mechanism of injury was not provided. On 05/23/2014, the injured worker presented with complaints of thoracic spine and lumbar spine pain. Upon examination of the thoracic spine, there was pain upon motion in the lower thoracic spine and pain to palpation in the lower thoracic spine. Examination of the lumbar spine noted pain upon palpation and motion. Current medications included naproxen, Flexeril, and tramadol. Prior therapy included stretching. Diagnoses were sprain/strain of the lumbar spine. Provider recommended a physical medicine and rehabilitation PMR consultation to evaluate for epidural steroid injection; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine and Rehabilitation (PM&R) consultation to evaluate for ESI (epidural steroid injection): 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), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for PMR consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assisting the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss of an examinee's fitness to return to work. There is no clear rationale to support the need for consultation. As such, medical necessity has not been established.