

Case Number:	CM14-0214696		
Date Assigned:	01/07/2015	Date of Injury:	03/10/2014
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Hawaii

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 patient is a 48 year old male with date of injury 03/10/14. The treating physician report dated 12/01/14 was illegible. The following information comes from the Peer Review Report (37) which is part of the UR Denial letter. The patient presents with pain affecting his thoracolumbar. The patient is status post LESI #1. Patient notes worse numbness/nerve pain in the left lower extremity. The physical examination findings reveal that ROM is decreased. Sensation is intact as is strength. There is no change in low back pain. The current diagnoses are: 1. Lumbar spin radiculopathy 2. Lumbar spine disc protrusion The utilization review report dated 12/11/14 (33) denied the request for Pain Management consultation based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management doctor for ESI L-spine under sedation: 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 ESI Page(s): 46.

Decision rationale: The patient presents with back pain. The current request is for Pain Management doctor for ESI L-spine under sedation. The ACOEM guidelines on page 127 state that specialty referral is indicated 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. The current request is supported by the ACOEM guidelines for specialty referral. However, regarding lumbar epidural steroid injections the MTUS guidelines state: 'Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks.' This patient did not respond to prior injection and a repeat injection is not supported by MTUS. Recommendation is medically necessary.