

Case Number:	CM14-0218320		
Date Assigned:	01/08/2015	Date of Injury:	01/29/2013
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This is a 51 year old male who suffered a work related injury on 01/29/2013. Mechanism of injury is not documented. Diagnoses included right chronic rotator cuff tendinitis/impingement syndrome, right chronic cervical radiculopathy, chronic degenerative joint/degenerative disc disease of the cervical spine, right chronic lumbar radiculopathy, chronic degenerative joint/degenerative disc disease of the lumbar spine, and chronic cervical disc protrusion at the C3, C4, C5, C6, and C7-T1. Treatments documented included therapy. A physician progress noted dated 12/02/2014 documents the injured worker has a lumbar epidural injection done five weeks ago. The injured worker has had complete resolution of left lower extremity radiating pain, and he also had improvement of the lower back pain although the back pain has returned. He has back pain across the spine on both sides, and the pain is worse with standing and sitting. There is tenderness to palpation of the bilateral lumbar paraspinal regions in the mid to lower lumbar spine, and the pain is exacerbated with lumbar hyperextension. A Magnetic Resonance Imaging revealed multiple level disc degeneration as well as facet arthropathy of the L3-L4, L4-L5 and L5-S1 levels. He is currently not taking any medications for pain. He has been able to increase his activity level significantly after receiving the epidural injection, and go on longer walks. The request for 1 follow-up visit with an Anesthesiologist between 12/9/2014 and 1/23/2015. Utilization Review dated 12/15/2014 non-certifies the request for 1 follow-up visit with an Anesthesiologist between 12/9/2014 and 1/23/2015. California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. The request for

lumbar facet injection was non-certified; therefore the follow up visit for anesthesiologist is not needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One follow-up visit with an anesthesiologist: Overturned

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), 2nd Edition, (2004) page 127

Decision rationale: The patient presents with pain affecting the low back. The current request is for One follow-up visit with an anesthesiologist. The treating physician authorization request report dated 12/15/14 (17) states, "The patient will continue pain management with [REDACTED]." A report dated 11/24/14 (23) states, "The patient will be seen as a follow by [REDACTED] to discuss about a second injection." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The patient received a lumbar epidural injection on 10/31/14 and the treating physician is requesting a consult with an anesthesiologist to discuss a second epidural injection and continue pain management. In this case, the treating physician is recommending the patient to another specialist to discuss further treatment options. The current request satisfies ACOEM Practice Guidelines as outlined on page 127. Recommendation is for authorization.