

Case Number:	CM15-0011265		
Date Assigned:	01/28/2015	Date of Injury:	10/24/2000
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male, who sustained an industrial injury on 10/24/2000. He has reported that he sustained the injury to the neck and low back from a cumulative trauma at work and due to an incident where he sustained a fall at work. Diagnoses include cervical and lumbar degenerative disc disease and degenerative joint disease with radiculitis. Treatment to date has included home exercise program, magnetic resonance imaging of the lumbar and cervical spine, and physical therapy. In a progress note dated 11/14/2014 the treating provider reports severe neck and low back pain with numbness and tingling that radiates into the bilateral upper and lower extremities. The treating physician requested an evaluation and treatment with pain management specialist for cervical and lumbar epidural steroid injections. On 01/06/2015 Utilization Review non-certified the requested treatment for one evaluation and treatment with pain management between 11/14/2014 and 03/01/2015, noting the California Chronic Pain Medical Treatment Guidelines (May 2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and Treatment with Pain Management: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has been sufficiently established by the documentation available for my review. I respectfully disagree with the UR physician's assertion that if an epidural steroid injection is not medically necessary, that means a pain medicine consultation is not medically necessary. The role of the pain medicine physician is not limited to solely the performance of this injection. The request is medically necessary.