

Case Number:	CM15-0014235		
Date Assigned:	02/02/2015	Date of Injury:	12/05/2014
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 reported an injury on 12/05/2014 due to a slip and fall. On 12/30/2014, he presented for an orthopedic evaluation. He reported that he had undergone physical therapy with benefit and was using Naprosyn and tizanidine for treatment. He reported pain in the low back area that increased with activities. A physical examination of the lumbar spine showed decreased range of motion and a positive supine straight leg raise at 80 degrees bilaterally. Dorsiflexion of the ankles during straight leg raising was negative bilaterally and flexion, abduction, and external rotation of the hips was negative bilaterally. The knees showed 0 to 135 degrees of range of motion bilaterally with slight subpatellar crepitus and no tenderness. Special testing was noted to be negative. Sensation was intact and motor examination was noted to be 5 throughout. He was diagnosed with lumbago, lumbar/lumbosacral degenerative disc disease, knee arthralgia, knee chondromalacia of the patella, pain in the limb, and peroneal tendinitis of the foot and ankle. The treatment plan was for a referral to pain management for consideration of lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management for consideration of lumbar epidural steroid injection:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined based upon a review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. The documentation provided did not indicate that the injured worker has any significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support that an epidural steroid injection should be considered. Therefore, the request for a pain management consultation to determine necessity of a lumbar epidural steroid injection would not be supported. As such, the request is not medically necessary.