

Case Number:	CM15-0111952		
Date Assigned:	06/18/2015	Date of Injury:	03/03/2010
Decision Date:	07/27/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/10/2015

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

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 43 year old female, who sustained an industrial injury on 3/3/10. The injured worker has complaints of lumbar spine and left knee pain. The documentation noted that there is tenderness along the lumbar paraspinal muscles and sacroiliac joints, with muscle spasms and trigger points noted. The diagnoses have included other and unspecified complications of medical care, not elsewhere classified. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of the lumbar spine showed positive findings; acupuncture; ice pads; electrical stimulation; chiropractic treatment and injections. The request was for consultation with a pain management specialist for lumbar spine epidural per 4/28/15 order. A letter dated May 22, 2015 states that the patient has already undergone more than 11 chiropractic sessions, 18 acupuncture sessions, and 24 physical therapy sessions in addition to medication. An MRI shows grade 1 spondylolisthesis at L5-S1 with a 5.34 mm disc protrusion at L5-S1. The patient has previously been seen by pain management was recommended to undergo an epidural steroid injection but has never undergone that treatment. She cannot take medications due to recent acute renal failure and therefore pain management consultation is being sought. Physical examination revealed decreased sensation in the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist for lumbar spine epidural per 4/28/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Consultation with a pain management specialist for lumbar spine epidural, California MTUS does not address this issue. ACOEM supports consultation 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. California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested Consultation with a pain management specialist for lumbar spine epidural is medically necessary. Regarding the request for lumbar epidural steroid injection. As such, the currently requested lumbar epidural steroid injection is medically necessary.