

Case Number:	CM15-0170450		
Date Assigned:	09/11/2015	Date of Injury:	03/19/2014
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/29/2015

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: Massachusetts

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 sustained an industrial injury on March 19, 2014 resulting in upper and lower back pain, and subsequent right hip, left shoulder, and left knee pain. Diagnoses have included cervical strain, thoracic strain, and lumbar strain. Documented treatment includes 18 treatments of physical therapy with relief per 7-20-2015 physician report, an unspecified number of chiropractic treatments, and medication. He recently had hip surgery through private insurance from which he is recovering. The injured worker continues to present with upper and lower back radiating pain, bilateral hand numbness, and numbness to his right plantar foot, and he is temporarily totally disabled. The treating physician's plan of care includes a Lumbar epidural steroid injection at L5-S1 and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for injuries sustained as the result of a motor vehicle accident. When seen, he had recently undergone left hip revision surgery. He was having worsening back pain. He had complaints of neck and upper back pain radiating to the mid back and was having bilateral hand numbness. He was having constant low back pain radiating to the right buttock and leg with numbness. Physical examination findings included decreased right lower extremity sensation. There was decreased lumbar range of motion. He had a slow and guarded gait with use of a cane. An MRI of the lumbar spine had shown findings of a right L5-S1 facet cyst with mild right foraminal stenosis. The claimant's other providers had provided opioid medications which were no longer being prescribed. Authorization for a pain management evaluation was requested as well as for an epidural injection. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation and imaging is reported as showing findings that correlate with the claimant's right sided symptoms and physical examination findings. The requested epidural steroid injection was medically necessary.

Pain management consultation: 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) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for injuries sustained as the result of a motor vehicle accident. When seen, he had recently undergone left hip revision surgery. He was having worsening back pain. He had complaints of neck and upper back pain radiating to the mid back and was having bilateral hand numbness. He was having constant low back pain radiating to the right buttock and leg with numbness. Physical examination findings included decreased right lower extremity sensation. There was decreased lumbar range of motion. He had a slow and guarded gait with use of a cane. An MRI of the lumbar spine had shown findings of a right L5-S1 facet cyst with mild right foraminal stenosis. The claimant's other providers had provided opioid medications which were no longer being prescribed. Authorization for a pain management evaluation was requested as well as for an epidural injection. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's medications have included opioids and whether continued opioid medication use is indicated needs to be determined as well as his response to the requested epidural injection. Requesting a referral to pain management is appropriate and medically necessary.