

Case Number:	CM15-0066344		
Date Assigned:	04/14/2015	Date of Injury:	02/28/2014
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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: Preventive Medicine, Occupational Medicine

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 45 year old male who sustained an industrial injury on 2/28/14 involving his left knee. The mechanism of injury is unclear. He currently complains of constant burning low back pain and muscle spasms with numbness and tingling to the bilateral lower extremities; constant burning bilateral hip pain; constant burning bilateral knee pain and muscle spasms. His pain level is 7/10. His activities of daily living including self-care are limited, in that these activities aggravate symptoms. He has sleep disturbances due to pain. Medications offer temporary pain relief and improve his sleep. Medications are deprizine, dicopanol, Fanatrex, Synapryn, Tabradol. Diagnoses include low back pain; lumbar spine sprain/ strain; depression; anxiety disorder; radiculitis lower extremity; bilateral hip sprain/ strain; bilateral knee sprain/ strain; sleep disorder. Treatments to date include ice; electric shock wave therapy; left and right medial branch blocks to the lumbar facet joints at L5-S1, caudal epidural steroid injection with catheterization to L5-S1 (9/11/14, 9/18/14). Diagnostics were not identified in the records reviewed. In the progress note dated 11/5/14 the treating provider's plan of care includes a request for pain management specialist regarding epidural steroid injections for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation (Lumbar Spine and Left Knee): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004 OMPG, Independent Medical Examinations and Consultations (chapter 7, page 127) Official Disability Guidelines- Treatment in Workers' Compensation (ODG-TWC) - 2015 notes; office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, 79, 89-90, 92.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. In this case the provider has a patient with chronic back pain, not improved with previous therapies. His referral to a pain specialist to evaluate for an epidural steroid injection to treat the patient's chronic pain is appropriate. This is implied when a provider requests a referral. Medical necessity has been established and is medically necessary.