

Case Number:	CM15-0066980		
Date Assigned:	04/14/2015	Date of Injury:	09/17/1998
Decision Date:	05/13/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62-year-old male, who sustained an industrial injury on September 17, 1998. The injured worker was diagnosed as having lumbago, cervicgia, chronic pain and joint pain lower leg. Treatment and diagnostic studies to date have included medication. A progress note dated February 10, 2013 provides the injured worker complains of neck, back and knee pain. It is noted he has not been approved for medications and has been using over the counter medication. He rates his pain as 9/10. The plan includes epidural steroid injection and oral medications. There is a request for referral to orthopedic physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedic Doctor for Possible Spine Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain -office visits.

Decision rationale: The request for a referral to orthopedic doctor for possible spine injections is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Epidural steroid injections are recommended as an option for treatment of radicular pain per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted reveals a progress note from 2/10/15, which does not describe evidence of a radiculopathy in the objective or subjective findings. The request therefore for a referral to an orthopedic doctor for possible spine injections, is not medically necessary.