

Case Number:	CM13-0016676		
Date Assigned:	01/10/2014	Date of Injury:	10/04/2007
Decision Date:	04/07/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation; Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old male with date of injury 10/4/07. The treating physician report dated 8/8/13 indicates the patient has continued lower back pain and leg pain. The current diagnoses are: 1. Failed back syndrome status post bilateral nerve root injection L3/4 on 6/1/12 2. Status post bilateral facet joint injection with steroid and local anesthesia at L3/4 and selective nerve root injection at L3 on the right on 1/25/13. The utilization review report dated 8/15/13 denied authorization for a bilateral L3/4 ESI per 8/8/13 request. There is no decision or mention in the 8/15/13 UR report regarding a pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult (RFA 8/8/13), QTY 1.00: Overturned

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

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, page 127

Decision rationale: The patient presents with chronic lower back pain and leg pain that is rated a 7/10. Lumbar MRI dated 5/8/12 shows post-op changes with fusion at L4/5 and laminectomy,

right neural foramen narrowing, DJD L3/4 with facet hypertrophy, mild disc bulge and narrowing of the neural foramen, left greater than right. The orthopedic treating physician requested a referral for pain management consultation. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise in pain management may be required in this post-surgical patient. The request is certified.