

Case Number:	CM13-0020107		
Date Assigned:	10/11/2013	Date of Injury:	03/27/2009
Decision Date:	02/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/04/2013

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 Family Medicine 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 55-year-old gentleman with date of injury of 03/27/2009. He sustained injury to the low back. Records available for review indicate that following a course of conservative care, the patient underwent a 05/02/2013 operative lumbar fusion at the L4-5 level. Post-operatively, the patient continued to be with complaints of pain. At a 07/18/2013 assessment with [REDACTED], it was noted the claimant was still with residual complaints of pain and discomfort with diagnoses of status post lumbar fusion and microdiscectomy, failed back surgery syndrome, facet syndrome, and sacroiliac joint pain. It stated at that time that he was getting close to beginning a course of postoperative physical therapy for the back but continued to describe intermittent pain and numbness in a left L5 dermatomal distribution. A physical exam showed 5-/5 bilateral extensor hallucis longus strength with equal and symmetrical reflexes. Post-operative physical therapy and referral treatment spinal surgeon was indicated. The last clinical assessment reviewed was a 09/12/2013 progress report showing restricted lumbar range of motion with 4+/5 strength of the bilateral EHLs. Continuation of medication management and physical therapy was indicated at that time. The patient continued with medication management at that time. At present, there is a request for a referral for "pain management medication counseling."

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Counseling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 128.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 128.

Decision rationale: Based on California MTUS/ACOEM Guidelines in regards to referral of care, it states clearly that "Health practitioners may refer to other specialists if a diagnosis is uncertain or etiology complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Records in this case indicate that the claimant is already utilizing the services of a pain management physician. There is no current indication for referral to another pain specialist for discussion of medications or other forms of treatment in this claimant's short state from time of lumbar surgical procedure. Given the documentation of the claimant already being under the care of a pain management provider, the specific request in this case would not be deemed necessary.