

Case Number:	CM13-0022445		
Date Assigned:	03/14/2014	Date of Injury:	08/19/2011
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Internal 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 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/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:

PR-2 progress report 05-15-2013 documented subjective complaints: Patient continues to have low back pain and depression. Pain level awakens her at night and causes her to take medication. Patient further suggests that her legs feel numb at times. Patient states sits cannot sleep at night due to pain and stress. Objective findings: Low back - decreased range of motion was noted upon flexion, extension, right/left rotation and right/left lateral bending bilaterally of the low back region, secondary to left leg pain. Diagnoses: Lumbar disc disorder, Lumbar radiculopathy, Depression. Treatment Plan: Norco, Zanaflex, Physical Therapy, Acupuncture, Orthopedic consultation. Work status: off work. PR-2 progress report 08-07-13 documented that the patient's subjective complaints has remained the same. Physician requested referral to Pain Specialist. Work status: off work. Magnetic resonance imaging (MRI) of the Lumbar Spine on 06-26-2013 revealed some Spondylotic changes. L3-4: Posterior annular tear is seen within the intervertebral disc. There is a 2-3mm posterior disc bulge resulting in moderate left neural foraminal narrowing in conjunction with facet joint hypertrophy. Moderate canal stenosis is seen. L4-5: Grade I anterolisthesis is accompanied by 2-3mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Posterior annular tear is seen within the intervertebral disc. Moderate to severe canal stenosis is seen. L5-S1: 2mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Utilization review dated 09-03-2013 recommended Non-Certification of the request for Pain Specialist Consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN SPECIALIST CONSULT EVALUATION AND TREAT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) GUIDELINES, 2ND EDITION, 2004, PAGE 113, 116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), PAGE PAGE 127.

Decision rationale: Section of the Medical Treatment Utilization Schedule (MTUS) was applicable and relevant to this request. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004) page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has diagnoses of Lumbar disc disorder, Lumbar radiculopathy, with a date of injury 08-19-2011. Despite medications and physical therapy, patient's symptoms and physical examination findings persist. Patient is off work. Magnetic resonance imaging (MRI), of the Lumbar spine demonstrated spinal abnormalities. Patient was also diagnosed with Depression. Thus, psychosocial factors are present. Patient's condition is not improving. The Magnetic resonance imaging (MRI) that was conducted revealed exhibited abnormalities that may benefit from Pain Specialist interventions. The course of care may benefit from additional expertise. Clinical guidelines and medical records support the medical necessity for Pain Specialist Consult. Therefore, the request for a Pain Specialist consult evaluation and treatment is Medically Necessary.