

Case Number:	CM13-0027264		
Date Assigned:	03/19/2014	Date of Injury:	02/07/2000
Decision Date:	06/02/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 48 year old male with an injury date of 02/07/2000. Based on the 05/29/13 progress report by [REDACTED] the patient is diagnosed with low back pain. The patient had a discogram on 04/05/13. L5-S1 had severe degenerative disk disease with 9/10 pain. L4-5 had marked degenerative disk disease with a pain of 1-2/10 and L3-4 had moderate degenerative disease with discomfort at 1-2/10. The 12/13/12 progress report by [REDACTED] states that the patient has a history of multiple surgeries on the right knee (no specific dates mentioned) and a MRI scan shows another tear in the patient's lateral meniscus (this MRI was not provided to us and there is no MRI date indicated). The patient claims he is having pain in the lumbar spine and has been taking medications which allow him to be functional, do things around the house, care for himself and be more active than he would be without it. The utilization review determination being challenged is dated 08/29/13 and recommends denial of the consultation and the Norco. [REDACTED] is the requesting provider, and he provided three treatment reports from 01/23/12, 12/13/12, and 05/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONSULTATION WITH A NEUROSURGEON BETWEEN 8/12/2013 AND 10/27/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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), ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), PAGE 127

Decision rationale: According to the 05/29/13 progress report by [REDACTED], the patient presents with low back pain. The request is for 1 consultation with a neurosurgeon between 08/12/13- 10/27/13. The report with the request for 1 consultation with a neurosurgeon between 08/12/13- 10/27/13. ACOEM Practice Guidelines page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Recommendation is request is medically necessary..

1 PRESCRIPTION OF NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE, OPIOIDS, LONG-TERM ASSESSMENT Page(s): 88-89.

Decision rationale: According to the 05/29/13 progress report by [REDACTED], the patient presents with low back pain. The request is for 1 prescription of Norco 10/325 mg #180. The report with the request for Hydrocodone was not provided. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." None of the reports show any documentation of pain assessment using a numerical scale describing the patient's pain and function.