

Case Number:	CM13-0032568		
Date Assigned:	02/24/2014	Date of Injury:	11/02/2000
Decision Date:	04/23/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Medicine, has a subspecialty in Pain 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:

Male claimant sustained a work injury on 11/2/2000 that resulted in wrist, neck and shoulder strain. Since 2009 he had not had not been seen for any treatments related to the injury. In 4/9/13, he had seen a treating physician where he was noted to have worsening pain. His exam findings were consistent with shoulder impingement and myofascial scapular pain. He was recommended to get therapy and use topical analgesics. He had undergone e-stimulation, manual traction and exercises as well. On June 3, 2013 he had noted additional low back pain. X-rays of his low back showed L5-S1 sclerosis of the facet joints. He was given an additional diagnosis of chronic lumbar radicular strain and was determined to be related to the original injury. He had not benefitted from prior epidural injections and was not taking any pain medications at the time. A pain management referral was made at that point for medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. According to the MTUS guidelines table 12-8 facet joint injections and ligamentous injections are not recommended. In this case, the diagnosis of lumbar radiculopathy is known. Prior injections had not helped and further injections are not recommended. In addition, other oral medications and therapy specific to the back were not done. The request for a pain consultation is not medically necessary.