

Case Number:	CM13-0034442		
Date Assigned:	12/27/2013	Date of Injury:	10/30/2004
Decision Date:	02/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 10/30/2004 after a fall that reportedly caused injury to her low back and bilateral knees. The patient's treatment history included physical therapy, medications, surgical interventions for the knees, and activity modification. The patient's most recent clinical evaluation revealed a positive compression test, limited lumbar range of motion, a positive straight leg raising test bilaterally, and decreased lower extremity motor strength. The patient's diagnoses included right greater than left knee arthralgia, osteoarthritis of the right knee, and lumbosacral spondylosis with radiculopathy. The patient's treatment plan included consultation with a pain management specialist, a nerve conduction study and weight bearing x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pain management consultation for lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Chapter 6 page 163

Decision rationale: ACOEM Guidelines recommend referral to consultation when the treating practitioner is uncomfortable with revising a line of treatment. The clinical documentation submitted for review does provide evidence that the patient is undergoing medication treatment with Gabapentin. It is noted within the documentation provided for review that the treating physician is not comfortable supervising and managing the use of this medication. Therefore, referral to pain management would be appropriate. As such, the requested operative pain management consultation for the lumbar spine is medically necessary and appropriate.