MAXIMUS Federal Services

Case Number:	CM13-0039880		
Date Assigned:	12/20/2013	Date of Injury:	11/18/2008
Decision Date:	05/30/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

[redacted] is a 48-year-old man who sustained a work-related injury on November 18, 2008. Subsequently the patient developed that chronic low back pain. According to the note dated on September 9, 2013, the patient was reported to complain of constant low back pain with occasional lower extremities pain. His physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was diagnosed with the mechanical low back pain, failed back surgery, lumbar degenerative disc disease, probable lumbar facet joint arthropathy and lumbar radiculopathy. His MRI of the lumbar spine performed on September 17, 2015 demonstrated the degenerative disc disease, bulging disc at L2-L3, bilateral foraminal stenosis and post op changes. The provider requested authorization for education/evaluation before trial pump implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

PATIENT EDUCATION/EVALUATION BEFORE TRIAL PUMP IMPLANT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention; Guidelines Assessing Red Flags and Indication for Imm.

Decision rationale: The Expert Reviewer's decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluationwith a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. There is documentation that the patient may need a spinal cord stimulator. However, there is a documentation that the patient is planned to undergo medial branch block and spinal surgery consultation. The provider did not exhaust all other therapeutic options befoe considering spinal cord stimulator. There is a need to wait for the outcome of the planned procedures before considering spinal cord stimulator implantation. There is no rational for this consultation. Therefore the request for Patient Education/Eval before Trial Pump Implant is not medically necessary.