

Case Number:	CM13-0040197		
Date Assigned:	12/20/2013	Date of Injury:	04/24/2012
Decision Date:	02/13/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	10/29/2013

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 Interventional Spine 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 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 37-year-old male with a date of injury of 04/24/2012. The request for consultation with pain management specialist was denied by utilization review letter, 10/14/2013; although request was for some consultation with pain management specialist, this review appears to have been conducted with the presumed request for lumbar epidural steroid injection. Reports on 09/20/2013 are by [REDACTED]. Listed diagnoses are lumbar radiculopathy and chronic pain syndrome. Discussion: The case that the patient "was informed that the pain management was authorized and later denied." They appealed the denial of pain management consultation. Medications were dispensed in the office. A 9/13/2013 report is by the [REDACTED], who indicates the patient was authorized for pain specialist and sent MPN list. The patient's mood is improved since taking Zoloft, continued to lose weight. Current listed medications are Norco, diclofenac, Cymbalta, and sertraline. The patient was to follow through with pain specialist. Report on 07/31/2013 also describes the patient with persistent low back pain, has had lumbar ESI in the past with some benefit. MRI was reviewed that showed mild degenerative disk changes at L5-S1, with right focal disk protrusion compressing the right S1 nerve root. EMG from 12/06/2012 was abnormal with evidence of right S1 radiculopathy. A formal request was for consultation with the pain management specialist. Under clinical rationale, it states that the first injection the patient responded fairly well, but pain in the back and leg has returned and the goal of second injection was to provide significant pain relief so that he can enroll in a spine rehabilitation program

IMR ISSUES, DECISIONS AND RATIONALES

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

consultation with a pain management specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: ACOEM Guidelines, page 127, allows for referral to other specialist 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. Review of the reports show conflicting request, but this review is strictly regarding the consultation request with pain management specialist. Recommendation is for authorization as ACOEM Guidelines allow for specialty involvement in complex cases. In this patient, persistent pain despite a lengthy conservative care would constitute a complex case. The patient is also on multi-regimented medications. However, this review has not made any decision on the medical necessity of an epidural steroid injection. Recommendation is authorization for pain management consultation only.