

Case Number:	CM13-0042848		
Date Assigned:	12/27/2013	Date of Injury:	08/04/2005
Decision Date:	04/22/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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:

This patient is a 45 year-old male with a date of injury of 08/04/2005. The listed diagnoses per [REDACTED] are: 1) Chronic pain syndrome 2) Lumbar post laminectomy (2012) 3) Insomnia 4) Essential hypertension 5) Lumbar facet syndrome (left) 6) Sprain sacroiliac 7) Failed back syndrome According to report dated 08/12/2013 by [REDACTED], the patient presents with chronic pain syndrome status post back surgery, insomnia, depression. There is no physical examination noted. Treater reports a recent AME opined that patient should undergo FRP to reduce narcotic Final Determination Letter for IMR Case Number use and move towards P&S. Medications include Lidoderm, Lyrica, Zoloft, Oxycontin, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004), Pages 8 and 127.

Decision rationale: This patient presents with chronic pain syndrome status post back surgery, insomnia, depression. The treater is requesting internal medicine consult. ACOEM Practice Guidelines, 2nd Edition (2004), 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. Medical records do indicate that this patient is on quite a bit of opioids, and referral to a pain management specialist may be appropriate. However, the treater does not explain why this patient needs an evaluation by an internal medicine physician. MTUS page 8 states that the treater must monitor the patient's progress and make appropriate treatment recommendations. Absent documentation as to why internal medicine consult is needed, recommendation is for denial.

ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Pages 8 and 127.

Decision rationale: This patient presents with chronic pain syndrome status post back surgery, insomnia, depression. The treater is requesting an orthopedic consultation. ACOEM Practice Guidelines, 2nd Edition (2004), 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." The treating physician indicates a referral for orthopedic consultation is needed. However, he does not discuss for what reason. Report dated 08/27/2013 and 08/12/2013 do not include physical examinations. Report dating back 02/17/2013 does provide a physical exam, which noted restricted ROM and tenderness of the lumbar spine with positive facet loading. This examination finding would not constitute a need for a specialty consult. ACOEM guidelines support referral to a specialist to aid in complex issues. MTUS page 8 states that the treater must monitor the patient's progress and make appropriate treatment recommendations. Absent documentation as to why an orthopedic consult is needed, recommendation is for denial.