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| Case Number: | CM13-0045111 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/05/2010 |
| Decision Date: | 03/05/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 52-year-old who reported a work related injury as a result of a fall on 10/05/2010. The patient presents for treatment of the following diagnoses: chronic lumbar backache, recurrent myofascial strain, bilateral lower extremity radicular pain. The clinical note dated 08/29/2013 reports the patient was seen for a pain management followup visit under the care of [REDACTED]. Provider documents patient has been treated conservatively with physical therapy, acupuncture, and steroid injection to the spine. Patient presents with lumbar spine pain that is described as constant rated at 6/10 to 8/10. Patient utilizes 3 tabs of Vicodin by mouth daily. Provider documents upon physical exam of the patient's lumbar spine range of motion was noted as decreased secondary to pain. Provider documented 5/5 motor strength throughout all fields with the exception of the right ankle flexion 4/5 as well as the knee flexion 4/5. Provider documented pain and discomfort to the low back and right lower extremity, tenderness to palpation of the lumbar spine and bilateral sacroiliac joints. Provider documented MRI of the lumbar spine dated 12/04/2012 revealed an L3-L4 two to 3 mm posterior disc protrusion, an L4-L5 a 3 mm posterior disc bulge with compromise of exiting nerve roots, and at L5-S1 a 3 mm posterior disc protrusion with annular tear with compromise of exiting nerve roots. The provider documented the patient was to continue her course of treatment to include use of Robaxin, tizanidine, authorization was approved for selective nerve root blocks as well as Vicodin 5/500.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a spine surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

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

Decision rationale: The provider documents the patient was seen in clinic 2 weeks status post administering selective nerve root block to the patient's lumbar spine, the patient denied any significant benefit as status post the injection. The provider recommends that the patient undergo consultation with the spine surgeon for the patient's current lumbar spine pain complaints. As the patient presents with imaging study evidence as well as objective findings upon physical exam of significant lumbar spine pathology, and documentation evidences exhaustion of conservative treatment the current request is supported. The request for a referral to a spine surgeon is medically necessary and appropriate.

Behavioral pain management: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does evidence the patient has exhausted lower levels of conservative treatment since status post work related fall with injury sustained in 10/2010. The patient is managed under pain physician, [REDACTED], for her chronic pain. Specific rationale for a behavioral pain management was not stated in the clinical notes reviewed. The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines states that the goal of such an evaluation is in fact functional recovery and return to work. The request for behavioral pain management is not medically necessary or appropriate.