

Case Number:	CM13-0049940		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2007
Decision Date:	03/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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:

This patient is a 53-year-old with date of injury 6/13/07. The mechanism of injury is described as falling into a ditch. The patient has complained of chronic neck and back pain since the date of injury. An MRI of the lumbar spine in 2013 demonstrated multilevel disc herniations with multilevel bilateral neural foraminal encroachment. Treatment has included physical therapy, acupuncture, chiropractic care and medications. Objective: decreased range of motion of the cervical and lumbar spine, positive spurling's and compression tests on the right side cervical spine, positive straight leg raise testing on the right. Diagnoses: degenerative disc disease of the cervical and lumbar spine, radiculopathy of the cervical and lumbar spine. Treatment plan and request: Pain management consultation for possible epidural corticosteroid injection (s)

IMR ISSUES, DECISIONS AND RATIONALES

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

A pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient is a 53-year-old that has complained of chronic neck and back pain since date of injury 6/13/07. An MRI of the lumbar spine in 2013 demonstrated radiculopathy as evidenced by multilevel neuroforaminal encroachment and the included provider notes document physical exam evidence of a radiculopathy. According to the Chronic Pain Medical Treatment Guidelines, pain management consultation and epidural corticosteroid injection may be used for the treatment of radicular pain. Furthermore, the radiculopathy must be documented by physical exam and corroborated by either imaging studies or electrodiagnostic testing. Both of these requirements are documented in the provider notes. The request for a pain management consultation is medically necessary and appropriate.