

Case Number:	CM13-0052192		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2007
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/15/2013

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 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:

According to the records made available for review, this is a 48-year-old male with a 4/16/07 date of injury. At the time of request for authorization for Pain Management Evaluation and treatment, there is documentation of subjective (radiating pain and tingling going down the right leg) and objective (restricted range of motion in the low back and left hip, and diminished sensation in the dorsal aspect of the right foot and anterior right thigh) findings, current diagnoses (lumbar spinal stenosis), and treatment to date (activity modification, injections, and medications). 10/15/13 medical report states that the patient has been requiring narcotic pain medications for over 6 months and there is concern about the toxicity of these medications and potential for abuse and dependence, and thus a request for pain management evaluation and treatment is being made as it is beyond the level of the requesting physician's level of expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations

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

Decision rationale: MTUS reference to ACOEM identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work; and that in the absence of red flags, work related complaints can be safely and effectively managed by occupational or primary care providers. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis. In addition, given documentation of a rationale that the patient has been requiring narcotic pain medications for over 6 months and there is concern about the toxicity of these medications and potential for abuse and dependence, and thus a request for pain management evaluation and treatment is being made as it is beyond the level of the requesting physician's level of expertise, there is documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Evaluation and treatment is medically necessary.