

Case Number:	CM13-0052217		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2007
Decision Date:	10/23/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 Rehabilitation & Pain Management 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:

The patient is a 52 years old male with an injury date on 04/16/2007. Based on the 09/25/2013 progress report provided by [REDACTED], the diagnoses are: 1. Bilateral lumbosacral radiculopathy. 2. Partial sacralisation L5 on the left. 3. S/P L2-5 laminectomy, decompression. 4. Facet arthropathy. 5. Previous electrodiagnostic studies revealing right S1 radiculopathy without denervation. 6. Possible SI joint dysfunction. 7. Right L3-4 HNP. According to this report, the patient complains of radiating pain with numbness and tingling anteriorly in the right thigh, knee, shin. The patient underwent a right L3-L4 transforaminal epidural injection on 08/01/2013 with 50% pain relief for 4-6 weeks. On 06/10/2013, the patient underwent a right SI joint injection; this helped the right buttock pain. On 10/19/2012, the patient underwent a left SI joint injection with 90% improvement in the left buttock pain. Physical exam reveals pain with the left hip range of motion. Faber's test on the right is positive. Diminished sensation is noted at the dorsal aspect of the right foot and the anterior right hip. There were no other significant findings noted on this report. The utilization review denied the request on 10/14/2013. [REDACTED]. [REDACTED] is the requesting provider, and he provided treatment reports from 08/13/2012 to 11/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION AND TREATMENT WITH PAIN MANAGEMENT SPECIALIST:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 127

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

Decision rationale: According to the 09/25/2013 report by attending physician this patient presents with radiating pain with numbness and tingling anteriorly in the right thigh, knee, shin. The treater is requesting consultation and treatment with pain management specialist. Regarding consultations, ACOEM states that 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. In this case the patient presents with chronic low back pain with history of L2-5 laminectomy. The requested consultation with pain management appears reasonable and medically indicated. Therefore the request is medically necessary.