

Case Number:	CM13-0055847		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2000
Decision Date:	05/16/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 7, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; transfer of care to and from various providers in various specialties; and lumbar fusion surgery. In a Utilization Review Report of November 18, 2013, the claims administrator approved a request for x-rays of the lumbar spine post fusion, citing non-MTUS ODG Guidelines, although the MTUS does address the topic. The claims administrator also denied pain management consultation, citing Colorado Guidelines, although, once again, the MTUS does address the topic. The applicant's attorney subsequently appealed. An October 16, 2013 progress note is notable for comments that the applicant is doing well postoperatively, reporting 4/10 pain on Lyrica and Norco. The applicant was possessed of well-preserved lower extremity strength. Postoperative films of the lumbar spine were sought along with a pain management referral. The applicant's work status was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERVENTIONAL PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialty referral is indicated. In this case, the applicant's longstanding, persistent pain complaints despite earlier medication therapy and operative treatment should lead the primary treating provider to reconsider the operating diagnosis. Consultation with an interventional pain physician specializing in chronic pain issues is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request for Interventional Pain Management Consultation is medically necessary and appropriate.