

Case Number:	CM13-0061512		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2010
Decision Date:	11/05/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal 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 injured worker is subacromial 61-year-old male who reported an injury on 06/03/2010. The mechanism of injury reportedly occurred when he lifted a heavy machine into a truck bed. His diagnoses were failed lumbar spine surgery, lumbosacral radiculitis, displacement of intervertebral disc without myelopathy, myalgia and myositis, anxiety, and unspecified sleep disturbance. His previous treatments included epidural steroid injections, medications, acupuncture, physiotherapy, chiropractic treatment, and a home exercise program. His diagnostic test was an MRI of the lumbar spine. His surgery included lumbar spine surgery in 2011. On 11/21/2013, the injured worker reported constant pain in his lower back, traveling to his left lower extremity, which he described as shooting. He rated his pain as a 6/10 and complained of numbness. He also complained of difficulty falling asleep due to pain, waking during the night due to pain, difficulty with sexual functioning, and symptoms of depression due to pain or loss of work. The physical examination revealed that the injured worker had no loss of sensibility, abnormal sensation, or pain in the dermatomes corresponding to the lumbar spine. Palpation of the lumbar spine revealed moderate paraspinal tenderness bilaterally. His medications were noted as Fanatrex and Norco. The treatment plan was for a follow-up with an orthopedic consultation with [REDACTED]; pain management consultation with [REDACTED], and a follow-up with a psychological evaluation, [REDACTED]. The rationales for the requests were for evaluation and treatment recommendations, along with possible epidural injections; evaluation and treatment recommendations for pain medications as necessary; and for an evaluation of anxiety along with evaluation of complaints of difficulty sleeping due to pain. The Request for Authorization form was submitted on 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with an orthopedic consultation with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

Decision rationale: Based on the clinical information submitted for review, the request for a follow-up with an orthopedic consultation with [REDACTED], is not medically necessary. According to the Official Disability Guidelines, the necessity for a clinical office visit with a health care provider is modified based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker complained of constant pain in his lower back travelling to his left lower extremity, which he described as shooting. He complained of numbness and rated his pain as a 6/10 at the time of visit. Part of the criteria for a clinical office visit is based upon a review of signs and symptoms and clinical stability, which the physical examination revealed normal reflexes, no loss of sensibility, abnormal sensation, or any pain in the bilateral lower extremities. There were insufficient details that specified that the injured worker's condition had worsened. It was noted that the injured worker was status post first therapeutic lumbar epidural steroid injection and a lumbar facet joint block at the medial branch, and it was noted that he had adequate response to the procedure, with an increased range of motion and improved activities of daily living. Also, he was able to reduce his pain medications. Since there was a lack of clinical details supporting clinical instability and worsening of his symptoms, a follow-up with an orthopedic consultation is not supported. As such, the request for a follow-up with an orthopedic consultation with [REDACTED], is not medically necessary.

Pain management consultation with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

Decision rationale: Based on the clinical information submitted for review, the request for a follow-up with an orthopedic consultation with [REDACTED], is not medically necessary. According to the Official Disability Guidelines, the necessity for a clinical office visit with a health care provider is modified based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker complained of constant pain in his lower back travelling to his left lower extremity, which he described as shooting. He complained of numbness and rated his pain as a 6/10 at the time of visit. Part of the criteria for a clinical office visit is based upon a review of signs and symptoms and clinical stability, which the physical examination revealed normal reflexes, no loss of sensibility,

abnormal sensation, or any pain in the bilateral lower extremities. There were insufficient details that specified that the injured worker's condition had worsened. It was noted that the injured worker was status post first therapeutic lumbar epidural steroid injection and a lumbar facet joint block at the medial branch, and it was noted that he had adequate response to the procedure, with an increased range of motion and improved activities of daily living. Also, he was able to reduce his pain medications. Since there was a lack of clinical details supporting clinical instability and worsening of his symptoms, a follow-up with an orthopedic consultation is not supported. As such, the request for a follow-up with an orthopedic consultation with [REDACTED], is not medically necessary.

Follow up with a psychological evaluation with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: Based on the clinical information submitted for review, the request for a follow-up with a psychological evaluation with [REDACTED], is not medically necessary. According to the California MTUS Guidelines, psychological evaluations are recommended and generally accepted. A trial found that it was deemed to be acceptable to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive behavioral intervention focusing on psychological aspects of the pain problem. It was noted that the injured worker complained of difficulty falling asleep due to pain, waking up at night due to pain, and had symptoms of depression due to pain or loss of work. Also, it was noted that he had a psychological evaluation done on 07/22/2013. It was noted that the injured worker was status post therapeutic lumbar epidural steroid injection and a lumbar facet joint block at the medial branch and was shown to have an adequate response to the procedure, with improved activities of daily living and a reduction in pain medications. While a follow-up with a psychological evaluation may be warranted, it was unclear as to how many visits are being requested. As such, the request for a follow-up with a psychological evaluation with [REDACTED], is not medically necessary.