MAXIMUS Federal Services

Case Number:	CM13-0065083		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2007
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 a 46-year-old male who reported an injury on 06/27/2007. The mechanism of injury was not provided in the medical records. His symptoms included low back pain. He stated his pain is as high as 6/10 to 7/10. The pain radiates down both lower extremities, posteriorly to his calves and ankles, with right worse than left. The physical examination revealed pain to palpation from L4 through S1 and left and right paraspinal musculature, right worse than left. Flexion was noted to be 60 degrees, extension 20 degrees, left rotation 40 degrees, right rotation 50 degrees, left tilt 30 degrees, and right tilt 50 degrees. His reflexes were noted to be +2 and symmetrical at the patella and Achilles. His strength was noted to be 5/5 to flexion and extension bilaterally, but 4/5 to dorsiflexion and plantar flexion of the right versus the left. There was a negative straight leg raise bilaterally. The injured worker was diagnosed with degeneration of intervertebral disc, site unspecified. The past medical treatment included physical therapy and oral medications. The diagnostic studies include x-ray of the bilateral elbows and knees on 06/27/2013 and MRI of the lumbar spine on 06/27/2013. On 11/21/2013, a request for pain management consultation had been made due to his continued moderate to severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN DISORDER MEDICAL TREATMENT GUIDELINES, STATE OF COLORADO DEPARTMENT OF LABOR AND EMPLOYEMENT, 4/27/2007, PAGE 56.

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

Decision rationale: The Chronic Pain Guidelines indicate that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation submitted for review indicated that the injured worker had continued moderate to severe pain and had failed previous conservative treatment, including physical therapy. However, the documentation also indicated that the injured worker is no longer taking medications. The injured worker has not been shown to continue with conservative treatment, including pain medications. A rationale indicating why the injured worker is no longer taking medications to alleviate his pain was not provided. Therefore, the request is not supported. Given the above, the request for one (1) pain management consultation is non-certified.