

Case Number:	CM13-0070494		
Date Assigned:	01/03/2014	Date of Injury:	05/09/2012
Decision Date:	05/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 a 32-year-old male who reported an injury on 05/09/2012 after a box of license plates fell on his right foot and ankle. The injured worker reportedly sustained an injury to his right ankle, right lower leg, low back and suffered emotional distress. The injured worker underwent open reduction internal fixation of a comminuted distal tibia and fibula fracture in 2008 that resulted in the development of complex regional pain syndrome. The injured worker was evaluated on 10/28/2013. It was documented that the injured worker had stellate ganglion blocks scheduled on 09/27/2013 with a pain management doctor. Physical findings included complaints of a loss of sleep secondary to pain, decreased range of motion of the right ankle secondary to pain and psychological complaints. The injured worker's diagnoses included a lumbar musculoligamentous injury, lumbar myospasm, lumbar radiculitis, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, right shoulder internal derangement, right ankle pain, right ankle sprain/strain, status postsurgical intervention of the right ankle, loss of sleep, sleep disturbances, anxiety, depression, irritability, and nervousness. Final Determination Letter for IMR Case Number CM13-0070494 3 The injured worker treatment plan included cardiorespiratory diagnostic testing to assess the injured worker autonomic nervous system functioning, a sleep disorder study, pulmonary and respiratory diagnostic testing to assess the injured worker for abnormalities, a pain management consultation for medications, an orthopedic consultation for the right shoulder, an MRI of the lumbosacral spine, and participation in a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITH FLEXION/EXTENSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines; Evaluation and Management of Common health Problems and Functional Recovery in Workers, Second Edition, 2004, Low Back Complaints, Revised 2008, page 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines recommend MRIs for injured workers who have evidence of neurological deficits that have failed to respond to conservative therapy. The injured worker's most recent clinical documentation did not provide any evidence that would require further diagnostic studies such as an MRI. As such, the requested magnetic resonance imaging of the lumbar spine with flexion and extension is not medically necessary or appropriate.

REFERRAL TO PAIN SPECIALIST FOR MEDICATION MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, Chapter 7, page 127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend a referral to a pain management specialist for injured workers who are on opioid therapy in excess of 3 months. The clinical documentation submitted for review does not provide a medication history for the injured worker. Additionally, the clinical documentation does indicate that the injured worker is already under the care of a pain management specialist. Therefore, the need for an additional pain management specialist is not provided within the documentation. As such, the request for a referral to a pain specialist for medications management is not medically necessary or appropriate.