

Case Number:	CM14-0000622		
Date Assigned:	01/10/2014	Date of Injury:	08/09/2012
Decision Date:	04/22/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 Medicine and Rehabilitation 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 underlying date of injury in this case is 08/09/2012. A PR-2 report from the patient's treating primary physician/orthopedist of 12/13/2013 is handwritten and partially legible and discusses symptoms of a lumbar sprain with lower extremity radicular symptoms. The patient reported that he continued with low back pain, worse with prolonged sitting and which required opioids for management. The treatment plan included a request for a refill of Norco as well as authorization for pain management consultation to consider a facet block to the lumbar spine. A prior note from the treating orthopedist of 10/30/2013 noted that the patient was receiving chiropractic services and had ongoing severe low back pain with an inability of the patient to bend forward. That note indicated a plan to consider a pain management consultation in the future. A lumbar MRI of 06/21/2013 describes multilevel facet arthropathy as well as bilateral pars defects at L5 and also grade 1 anterolisthesis at L5 on S1 resulting in abutment of the exiting right and left L5 nerve roots with moderate narrowing of the neural foramen bilaterally. An initial physician review in this case notes that a referral may be appropriate if assessment reveals suspicion of serious underlying conditions or where the healthcare provider lacks training in managing the patient or is uncertain about the diagnosis or treatment plan. The initial reviewer concluded that there were no red flags at this time to suggest an indication for a pain management consultation and that recent objective findings did not suggest severe and disabling lower leg symptoms in a distribution consistent with abnormalities and imaging studies or with accompanying signs of neural compromise. Therefore, the initial reviewer concluded that a request for a pain management consultation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION WITH [REDACTED]: 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 Employment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45,Chronic Pain Treatment Guidelines Opioids Page(s): 74-89.

Decision rationale: The ACOEM guidelines, chapter 3/treatment, page 45, states that if a patient is not recovering as the patient expects, the patient and clinician should seek reasons for the delay and address them appropriately. Moreover, the Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, recommends consideration of a pain clinic consultation if doses of opioids are required beyond what is usually required for the condition or if pain does not improve on opioids in 3 months. An initial physician reviewer in this case concluded that the medical records did not document red flags or evidence of medical complexity requiring a pain management consultation. It is not clear, however, whether that initial physician reviewer considered the combination of a pars defect as well as facet arthropathy as well as potential nerve root involvement simultaneously present on MRI imaging, which does create considerable complexity in management; the pars defect could in particular be considered a red flag for further evaluation. Most notably, it is not clear that the initial physician reviewer considered pain management consultation in the context of the patient's ongoing opioid use, which does not appear to be effective in producing the desired functional improvement. Treatment guidelines do support an additional consultation in a situation of this complexity, particularly when a patient has failed opioid treatment. Therefore, the request for a pain management consultation is supported by the treatment guidelines. This request is medically necessary.