MAXIMUS Federal Services

Case Number:	CM14-0101349		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2008
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 & Rehabilitation, has a subspecialty in Pain 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 58-year-old male who reported an injury on 10/23/2008 due to unspecified cause of injury. The injured worker complained of neck pain, low back and leg pain. The diagnoses included cervical disc disease, cervicalgia, lumbago, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, and myalgia or myelitis. The MRI of the lumbar spine dated 05/02/2014 revealed a disc dehiscence of the nuclear purpose at the L5-S1. The medications included Percocet, Zanaflex, and topical cream that included Gabapentin/Lidocaine rub/Tramadol/Baclofen. The injured worker reported his pain a 7/10 to the neck and 6/10 to the lower back using the VAS. The objective findings dated 05/15/2014 of the cervical spine revealed pain that radiated to the bilateral upper extremities, range of motion of the cervical spine limited with flexion and extension secondary to increased pain, tightness and stiffness, significant tenderness over the cervical spinous process with tenderness over the facet joints at the C3 to C6. The thoracic spine revealed no tenderness noted over the paraspinal muscles or facet joint line. The lumbar spine revealed palpation of the bilateral sacroiliac joint with right-sided pain, limited range of motion of the lumbar spine in flexion and extension secondary to increased pain, tightness and stiffness. The injured worker had severe tenderness over the lumbar spinous process and inner spaces at L3 through the S1. Coordination within normal limits, a positive straight leg raise to the right at 80 degrees and left at 60 degrees. The treatment plan included current medication regimen, x-ray report, and exercise, continue activities and follow-up in 1 month. The request for authorization dated 07/01/2014 was submitted with documentation. The rationale for the pain management was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7: Independent Medical Examinations and Consultations Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Program Page(s): 30.

Decision rationale: The request for pain management referral is not medically necessary. The California MTUS recommend where there is access to programs with proven successful outcomes for injured workers with conditions that place them at risk of delayed recovery. The injured worker should also be motivated to improve and return to work and meet the injured worker's selection criteria outlined below: The injured worker should be considered the gold standard content for treatment, the group of injured workers that benefit most from this treatment, the ideal timing of when to initiate treatment, the intensity necessary for effected treatment, and cost efficiency. The interdisciplinary team program involves a team approach that is outcome focused and coordinated and offers good goal oriented interdisciplinary services. Outpatient pain rehab programs may be considered medically necessary when all of the criteria are met. The documentation was not evident of failed conservative care. As such, the request is not medically necessary.