

Case Number:	CM14-0103531		
Date Assigned:	08/04/2014	Date of Injury:	06/30/2009
Decision Date:	09/10/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported injury on 06/30/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post SCS (spinal cord stimulation) implant, degenerative lumbar/lumbosacral intervertebral disc disease, back pain, lumbar radiculopathy and spinal stenosis lumbar. The injured worker has undergone selective nerve root block under fluoroscopy, caudal epidural, physical therapy, a home exercise program, moist heat, stretches and medication therapy. A CT (computed tomography) myelogram showed disc deterioration at L2-3 and L3-4 above the original fusion level. It showed evidence of degenerative disc disease, disc space loss with vacuum phenomenon and nerve root impingement. The date was not documented when the CT was obtained. The injured worker underwent a posterolateral lumbar decompression and fusion with instrumentation in mid-2010 at the L4-S1 level. The injured worker complained of low back pain, right leg pain and numbness. The injured worker rated his pain with medications at a 6/10 and 10/10 without medication. Physical examination dated 05/22/2014 revealed inspection of the cervical spine was normal. There was no tenderness to palpation. Examination of the thoracic spine revealed that it too, was normal with no tenderness to palpation. Examination of the lumbosacral spine revealed a forward flexion of 65 degrees and hyperextension of 15 degrees. Sitting straight leg raise was positive bilaterally. Motor strength was decreased to the lower left extremity. Sensory to light touch was decreased bilaterally in the lower extremities. Deep tendon reflex was 2+ and symmetric with no pathological reflexes. Clonus was absent. Medications include Nucynta ER 150 mg, Mobic 15 mg 1 tablet per day, Robaxin 500 mg 1 tablet 3 times a day, Chantix 0.5 mg and trazodone HCL 100 mg. The treatment plan is to have the injured worker have a

consultation on medication management. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation: Medication Management x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of low back pain, right leg pain and numbness. The injured worker rated his pain with medications at a 6/10 and 10/10 without medication. The California Chronic Pain Medical Treatment Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The progress note dated 05/09/2014 stated that the injured worker had no changes in pain and denied any new illness or injury. There were no new problems or side effects. The injured worker also stated to be continuing his medication treatment as prescribed. The injured worker stated that the medications were working well and helping with functional deficits. Based on the injured worker's pain being adequately controlled with his current treatment, a pain management consultation would not be supported. Therefore, the request is not medically necessary.