MAXIMUS Federal Services

Case Number:	CM14-0107650		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2013
Decision Date:	09/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 42-year-old male who reported an injury on 11/16/2013 while picking up a granulate top counter with a coworker, felt a pain to the lower back. The injured worker had a history of neck, mid back, lower back and bilateral groin region radiating to the lower extremities. The injured worker had diagnoses of lumbar disc degeneration, a cervical strain/sprain, thoracic strain/sprain, and bilateral inguinal strain/sprain. The objective findings dated 05/22/2014 revealed tenderness to the cervical spine with palpations at the paracervicals, lumbar spine positive guarding at the L3 through the S1, positive straight leg raise to bilateral lower extremities. Tenderness to palpation over the inguinal ligament and inguinal canal opening to the scrotum. The MRI dated 04/10/2014 revealed a 2 to 3 mm disc at the L3-4 and the L4-S1. Prior treatments included chiropractic treatment, MRI and x-rays, therapy and medication. No medication provided. The treatment plan included request for acupuncture therapy, ultrasound of the bilateral inguinal region and testicles and pain management evaluation. The Request for Authorization dated 04/19/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation: 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.

Decision rationale: The request for Pain management evaluation is not medically necessary. The California MTUS Guidelines recommend a functional restoration program when the patient has had an adequate and thorough evaluation including baseline functional testing so follow-up with the same test can note functional improvement; that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted and treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The physical examination revealed that the injured worker had tenderness to the lumbar spine with all other normal findings. As such, the request is not medically necessary. The clinical notes did not indicate the injured worker was taking any medication nor did it indicate any measurable pain function. The clinical notes did not provide objective physical findings. As such, the request is not medically necessary.