

Case Number:	CM14-0010836		
Date Assigned:	02/21/2014	Date of Injury:	06/14/2005
Decision Date:	06/26/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 54 year old female whose date of injury is 06/14/2005. The mechanism of injury is described as moving a refrigerator. Lumbar MRI dated 10/08/13 revealed mild facet arthropathy at L3-4 and L4-5. At L4-5 there is a posterior annular tear with a 1 mm midline disc protrusion resulting in mild effacement of the anterior thecal sac with no neural abutment or central canal narrowing. Progress report dated 01/13/14 indicates that medications include atenolol, Lyrica, hydrocodone, tizanidine, butalbital, bupropion, zolpidem, Xanax, alprazolam and nizatidine. She complains of pain and discomfort in the neck region and bilateral shoulders with pain radiating down the lumbar spine. Diagnoses are listed as cervical pain/strain syndrome, cervical radiculopathy, cervical disc herniation, lumbar pain/strain syndrome, lumbar radiculopathy, and lumbar disc herniations. Supplemental report dated 01/20/14 indicates that the injured worker is diagnosed with lumbar musculoligamentous sprain and strain with attendant bilateral lower extremity radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT FOLLOW UP FOR 6 MONTHS AND TREATMENT BASED ON OUTCOME OF FOLLOW UP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Based on the clinical information provided, the request for pain management follow up for 6 months and treatment based on outcome of follow up is not recommended as medically necessary. The request is nonspecific as the outcome of follow up is unknown, and to allow for treatment based on outcome follow up would be premature. There is no clear rationale provided to support the request at this time. There is no current, detailed physical examination submitted for review. The information submitted and the request is not sufficient based on American College of Occupational and Environmental Medicine (ACOEM) guidelines. Recommend non certification.