

Case Number:	CM14-0014507		
Date Assigned:	02/28/2014	Date of Injury:	04/12/2012
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopaedic Surgery 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 39-year-old female who sustained a low back injury on 4/12/2012. The mechanism of injury was lifting an old heater out of the closet. The most recent office visit dated 1/6/2014 documents the chief complaint as constant moderate dull, achy, sharp, burning low back pain and stiffness aggravated by sitting, standing, walking, bending and squatting. Physical examination of the lumbar spine documents lumbar range of motion: extension 5 degrees, flexion 15 degrees, left lateral bending 20 degrees, and right lateral bending 20 degrees; plus three tenderness to palpation of the lumbar paravertebral muscles with spasm. Straight leg raise is positive on the left. No other neurological exam is documented. MRI (magnetic resonance imaging) lumbar spine dated 6/21/2012 demonstrates end-plate ridging from L1 to S1 with facet degeneration at L4/5, L5/S1; slight bilateral foraminal narrowing at L4/5; sclerosis and osseous bridging at the anterior-superior sacroiliac joints; sclerotic changes at the pars intra-articular as at L3, L4 and L5 without pars defect or fracture noted. A computed tomography (CT) scan of the lumbar spine dated 8/13/2012 demonstrates two small disc bulges at L4/5, L5-S1, and a small posterior disk/osteophyte complex at L5/S1. The diagnosis documented in the medical records includes: lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, and lumbar stenosis. Previous treatment includes physical therapy (per previous utilization review dated 1/7/2014); however, there is poor documentation regarding conservative treatment today. A request has been made for pain management consultation and treatment. A partial determination dated 1/13/2014: pain management consultation was recommended; the pain management treatment was denied; however, no rationale was listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION AND TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31.

Decision rationale: The CA MTUS guidelines support outpatient multidisciplinary pain management programs (functional restoration programs). Unfortunately, there is no documentation of a pain management treatment plan available for review for this claimant. Therefore, the request for pain management treatment is not considered medically necessary.