

Case Number:	CM14-0110762		
Date Assigned:	08/01/2014	Date of Injury:	04/05/2012
Decision Date:	09/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/16/2014

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 Georgia. 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:

This is a 49 year old male presenting with chronic pain following a work related injury on 4/5/2012. The claimant is status post L3-4 and L4-5 decompressive laminectomy and bilateral foraminotomies. On 6/11/2014, the claimant had a pain medicine consultation and complained of low back pain, bilateral buttock and bilateral lower extremity pain. The lower extremity pain is associated with numbness in the S1 dermatome. The pain is rated 3/10 and aggravated by inactivity or an uncomfortable bed. The physical exam showed antalgic gait, multiple myofascial trigger points, posture angled forward at the waist, pain with any lumbar extension, positive seated straight leg raise on the left, absent left ankle reflex and significant hypesthesia bilaterally in the S1 dermatome. The claimant was diagnosed with lumbar post laminectomy syndrome and degeneration of lumbar intervertebral disc. The claimant was prescribed Norco 10/325mg and Cyclobenzaprine 10mg. The claimant's medications also include Motrin and Omeprazole. A claim was made for one day of interdisciplinary pain management evaluation #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day Interdisciplinary Pain Management Evaluation # 1: Upheld

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

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) Pain Management, page(s) 92.

Decision rationale: Per CA MTUS ACOEM guidelines page 92 referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan. Page 127 of the same guidelines states, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation. Prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the injured worker fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an injured worker for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above guidelines; therefore, the requested for One day Interdisciplinary Pain Management Evaluation # 1 is not medically necessary.