

Case Number:	CM14-0120455		
Date Assigned:	08/06/2014	Date of Injury:	06/30/2003
Decision Date:	10/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 patient is a 68-year-old male who has submitted a claim for lumb/lumbosac disc degeneration associated with an industrial injury date of June 30, 2003. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of worsening back pain, muscle spasms, burning pain into both legs, swelling and bilateral hip pain. Pain was rated at 10/10 without medication and 5/10 with medication. The medication also gave the patient 50% functional improvement with activities of daily living. Examination revealed that the patient had a 3/8th short leg on the right due to the hip replacement surgery. The lower back had limited range of motion in flexion and extension. Orthopedic testing for nerve root irritation, straight leg raise test, positive for pain at 80 degrees on the left side. Light touch and pin prick revealed sensory loss of the left lateral calf and bottom of the foot. A recent MRI revealed multi-level degenerative disc disease, facet arthropathy, and severe spinal stenosis. Treatment to date has included surgery, prosthesis and medications. Utilization review from July 18, 2014 denied the request for 1 pain consultation because the patient gets 50% relief of pain and functional status with the medication and the MRI findings support the patient's complaint of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado, Department of Labor and Employment, 4/27/2007, pg. 56

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), Independent Medical Examinations and Consultations, pages 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, the request for pain management consultation is for the lumbar pain symptomatology that is consistent with MRI findings. No psychosocial factors that could affect the pain were presented. Finally, according to the patient and the provider, the medications provided 50% relief in both pain scores and functional status. There is insufficient subjective and objective data to support the need for therapy for pain. The medical necessity for pain consultation was not established. Therefore, the request for pain consultation is not medically necessary.