

Case Number:	CM14-0122985		
Date Assigned:	08/08/2014	Date of Injury:	02/04/2011
Decision Date:	10/28/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 02/04/2011, due to an unknown mechanism. Diagnoses were psychalgia, displacement of lumbar intervertebral disc without myelopathy and lumbar postlaminectomy syndrome. Past treatments were medications, aquatic therapy, lumbar epidural steroid injections and home exercise program. Diagnostic studies included a CT scan that revealed postsurgical changes with hardware intact; no evidence of hardware fracture or loosening; fusion from L2-S1. Physical examination on 07/02/2014 revealed tenderness not present in the lumbosacral spine, trigger points not present and muscle spasm not present. Straight leg raising, seated, was negative. Examination of the lower extremities revealed joint tenderness in the knee joints of bilateral lower extremities. Medications included Suboxone 2 mg, Lidoderm patches, aspirin, metformin, MiraLAX, simvastatin and Voltaren 1% topical gel. Treatment plan was to continue home exercise program and take medications as directed. A rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Low Back, updated 7/3/14, Office Visits

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 6, page 163

Decision rationale: The decision for pain management consult times 1 is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. There were no other significant factors provided to justify a consultation. Therefore, this request is not medically necessary.