

Case Number:	CM14-0124577		
Date Assigned:	08/08/2014	Date of Injury:	12/31/1996
Decision Date:	09/12/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 injured worker is a 58-year-old-female, who sustained industrial injury on 12/31/1996, due to heavy lifting. She has been complaining of low back pain. She has been experiencing flare-up of lower back and neck pain and left knee pain. The back and neck pain becomes worse the more she is on her feet, bending stooping, lifting over 5-10 lbs., prolonged or repeated head flexion or extension. The altered gait resulting from the left knee pain is also contributing to the lower and middle back pain. Patient describes the pain as a 7-8 on a scale of 1-10. She has had lumbar epidural steroid injection (ESI) in the past which did help. She then underwent lumbar fusion in 1999 and cervical fusion in 2002. She has had multiple chiropractic treatments. She is also status post lumbar facet injections and diagnostic medial branch block. On 6/30/14 office visit, the injured worker complained of lower back pain and neck pain with significant hypertonicity of lumbar, thoracic, and cervical paravertebral musculature right greater than left, neck pain, headaches and altered gait due to left knee pain. Lumbar range of motion was restricted in flexion, extension, lateral bending bilaterally. Cervical ROM was restricted. Foraminal compression was positive in all positions. Medications are Lidoderm, Norco, and Cymbalta. Diagnoses are lumbar intervertebral disc degeneration; cervical intervertebral disc degeneration; degeneration of the left knee meniscus/ligament; and plantar fasciitis-bilateral. Treatment plan: Chiropractic adjustments and adjunctive physical therapy (interferential current and STM) 2 visits over the next 3 weeks beginning 02/06/14, then return to as needed (PRN). Utilization Review determination for Pain Management Referral was medically not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Referral: 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: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As per CA MTUS guidelines, the occupational 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. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness. In this case, it is not clear what specific problem the injured worker has that cannot be managed by the treating physician. Furthermore, there is no mention of specific reason for pain management referral. Hence, the request for one pain management consultation is medically not necessary.