

Case Number:	CM14-0127867		
Date Assigned:	08/15/2014	Date of Injury:	05/14/2012
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Practice 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:

34 yr. old female claimant sustained a work injury on 5/14/12 involving the neck and low back. She had multi-level lumbar disc herniation. AN MRI in 2013 indicated she had L5-S1 retrolisthesis, large disc protrusion and foraminal stenosis. She underwent cervical spinal fusion in March 2014, a prior lumbar facet arthropathy and a lumbar microdiscectomy. She had received physical therapy, acupuncture and oral analgesics for pain control. A progress note on 7/25/14 indicated the claimant had been previously been on Duragesic patches, Tramadol, Medrox patches, Ketoprofen Oxycodone, Valium, Gabapentin, LidoPro, Amitryptiline, Naproxen, Tizanidine, Norco, Zanaflex and Terocin for pain control. She was currently on Butrans, Docuprene and Gabapentin. Her pain remained at 9/10. Exam findings were notable for decreased sensation in the L4-L5 dermatomes and C6-C8 dermatomes. Range of motion in the neck and back were painful. The treating physician requested a continued pain management follow-up and a follow-up visit in 4 weeks. Additional therapy was requested as well as microlumbar decompressive surgery and internal medicine evaluation for gastrointestinal upset. Her pain level was unchanged from a visit 2 weeks or 1 month prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with Pain Management provider: 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) Specialist referral and pg 127.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had persistent symptoms despite undergoing several interventions and analgesics. A recommendation was made for additional lumbar surgery. The cause of pain is known and a comprehensive intervention has been performed. Additional follow-up visits are not medically necessary.

1 follow-up exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 312.

Decision rationale: According to the ACOEM guidelines, follow-up visits are recommended when symptoms have not improved over 4 -6 weeks. The claimant had a prior visit 2 weeks and 1 month ago. The pain and findings were unchanged. She may require possible additional surgery to relieve symptoms. Additional follow-up without any plan for change in intervention beyond what has remained unchanged from prior visits is not medically necessary.