

Case Number:	CM14-0158419		
Date Assigned:	10/01/2014	Date of Injury:	04/15/2011
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 39-year-old male injured worker has a date of injury 4/15/11. The injury is related neck, mid back, and low back pain. Per progress report dated 9/12/14, the injured worker reported constant severe pain, muscle spasms, and numbness in the neck, mid back, and low back. It was noted that he manages his pain with stretching and yoga. Per physical exam, cervical and lumbar ROM was painful and limited by 50%. Moderate myospasms of the paraspinal, trapezius, levator and quadratus lumborum musculature. Straight leg raising test was positive bilaterally. MRI of the cervical spine dated 5/18/11 revealed at C5-C6 a 3mm central disc protrusion, at C6-C7 a 2mm disc bulge, and a 1mm disc protrusion at C7-T1. MRI of the lumbar spine dated 6/12/13 revealed L4-L5-S1 moderate disc bulge, moderate to severe right IVF narrowing at L4-L5 and L5-S1. Treatment to date has included physical therapy, chiropractic care, and medication management. The date of UR decision was 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation and Treat: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. As the injured worker was refractory to conservative treatment, pain management consultation is warranted, however, the medical necessity of prospective treatment cannot be affirmed without additional information. It should be noted that the UR physician has certified a modification of the request for a pain management consultation only without treatment. The request is not medically necessary.