

Case Number:	CM14-0162642		
Date Assigned:	10/08/2014	Date of Injury:	01/02/2014
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 38 years old male with an injury date on 01/02/2014. Based on the 09/09/2014 progress report provided by [REDACTED], the diagnoses are: 1. Thoracic or lumbosacrol neuritis or radiculitis, unspec 2. Degeneration of lumbar or lumbosacrol intervertebral disc According to this report, the patient complains of "persistent left radiculopathy, s/p left L4-L5 microdiscectomy in 5/14, who continues to have significant left leg pain and on oxycontin, and have chronic radiculitis." Intermittent numbness of the left foot is noted. Pain is rates as a 5/10, today. The 08/19/2014 report indicates symptoms remain unchanged; 5/10 on the pain scale . Walking, sitting, and standing for long periods of time would aggravate the pain. There were no other significant findings noted on this report. The utilization review denied the request on 09/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/02/2014 to 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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) pain management consultation, Ch:7 page 127

Decision rationale: According to the 09/09/2014 report by [REDACTED] this patient presents with "persistent left radiculopathy, s/p left L4-L5 microdiscectomy in 5/14, who continues to have significant left leg pain and on Oxycontin, and have chronic radiculitis."The treating physician is requesting pain management consultation. Regarding consultations, ACOEM states that 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. In this case, the patient continues to experience chronic pain with history of surgery to the low back; the treating physician has asked for pain management consultation. The request appears reasonable and medically indicated. The request is medically necessary and appropriate.

Psychological Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) psychological consultation, Ch:7 page 127

Decision rationale: According to the 09/09/2014 report by [REDACTED] this patient presents with "persistent left radiculopathy, s/p left L4-L5 microdiscectomy in 5/14, who continues to have significant left leg pain and on oxycontin, and have chronic radiculitis."The treating physician is requesting psychological consultation for an "SCS trial." Regarding consultations, ACOEM states that 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. In this case, the patient continues to experience chronic pain with history of surgery to the low back; the treating physician has asked for a psychological consultation for an "SCS trial." The request appears reasonable and medically indicated. The request is medically necessary and appropriate.