

Case Number:	CM14-0173865		
Date Assigned:	10/27/2014	Date of Injury:	04/16/2007
Decision Date:	12/04/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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; 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 44-year-old female with an injury date of 04/08/2007. According to the 05/20/2014 progress report, the patient complains of having pain and discomfort after 360 lumbar arthrodesis (date of surgery not provided). She has noticed increasing pain in her left lower extremity and is unable to fully bear weight. There is paravertebral muscle spasm in the cervical spine and a positive axial loading compression test. She has weakness/numbness in her upper extremities and there is a positive/negative C5-C6 roots and dermatome in the right upper extremity. Cervicalgia is noted. In regards to the lumbar spine, the patient has pain and tenderness with a positive seated nerve root test on the left side. There is reproducible pain on the left side in the lumbar spine extending to the superior gluteal region. There is L5 and S1 root type pain as well as weakness, paresthesias, and numbness. The 06/17/2014 report indicates that the patient has low back pain, which is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. She rates this pain as a 5/10, and there is radiation of pain into the lower extremities. The patient is diagnosed with lumbago. The utilization review determination being challenged is dated 10/13/2014. There were two treatment reports provided from 05/20/2014 and 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for TESI and a left hip injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multi-disciplinary pain management.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: Based on the 06/17/2014 progress report, the patient presents with lumbago. The request is for a pain management consultation for TESI and a left hip injection. There is no rationale as to why the UR denied this request. ACOEM Practice Guidelines, 2nd edition (2004), page 127, has the following: "Occupational health practitioner may refer to other specialists if the 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 is requesting for a pain management consultation for a TESI and a left hip injection, which should be allowed according to ACOEM Guidelines. Whether or not the considered injections are warranted will depend on this consultation and necessary information provided therefore request is medically necessary.