

Case Number:	CM14-0025197		
Date Assigned:	06/11/2014	Date of Injury:	02/04/2011
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 33 year old male whose date of injury is 02/04/2011. The mechanism of injury is not described. EMG/NCV dated 08/31/13 is a normal study. Initial report dated 09/21/13 indicates that the injured worker complains of pain in the lower back. Diagnoses are lumbar spine disc herniation with myelopathy, and lumbar radiculitis with radiculopathy to both lower extremities. MRI of the lumbar spine dated 01/29/14 revealed 2 mm posterior disc bulge at L3-4 without evidence of central stenosis or neural foraminal narrowing. At L4-5 there is a posterior annular tear within the intervertebral disc. At L5-S1 there is a posterior annular tear within the intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 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) Chapter 7, page 127.

Decision rationale: Based on the clinical information provided, the request for pain management consultation is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no clear rationale is provided to support pain management consultation at this time. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. It is unclear how the consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by American College of Occupational and Environmental Medicine (ACOEM) Guidelines.