

Case Number:	CM14-0032847		
Date Assigned:	06/20/2014	Date of Injury:	05/16/2012
Decision Date:	07/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 31 year-old male who sustained a low back injury while performing normal duties at his work site in May 2012. His injuries resulted in a diagnosis of bilateral lumbar radiculopathy and L5-S1 disc degeneration and displacement. He had an anterior and posterior L5-S1 arthroplasty and discectomy in October 2013. He continued to have persistent low back pain and numbness bilaterally. He was only able to complete 5 sessions of PT due to pain. His current pain medications include Percocet, Oxycontin, and a Medrol Dose pack. The treating physician is planning lumbar facet blocks and has requested a pain specialist consultation.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids Page(s): 78.

Decision rationale: The employee has considerable pain, despite taking several opioids. However, the employee has been approved for lumbar facet blocks at L5-S1, so the treating physician is currently planning on applying new modalities to manage the underlying condition,

and thus, improve the pain. The above cited guidelines state that consultation with a pain specialist can be considered if pain does not improve with a normal dose of opioids and past a 3 month time window. Here, we have no documentation of what happened with his pain after the last titration of opioids (January 2014), and an employee who is still being treated with other modalities. Thus, a pain specialist consultation is not medically necessary.