

Case Number:	CM14-0036036		
Date Assigned:	06/25/2014	Date of Injury:	10/15/2011
Decision Date:	08/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 10/15/2011. The mechanism of injury was not specifically stated. Current diagnoses include right L5 radiculopathy, lumbar postlaminectomy syndrome, L5-S1 fusion, failed back surgery syndrome, and lumbar disc protrusion. The only clinical note submitted for this review is documented on 03/06/2014. The injured worker presented with complaints of bilateral lower back pain radiating into the bilateral lower extremities. Current medications included Percocet 5/325 mg, gabapentin 600 mg, and Cymbalta 30 mg. Previous conservative treatment includes physical therapy, epidural steroid injection, acupuncture, chiropractic therapy, and medication management. The injured worker was status post L5-S1 fusion on 11/27/2012. Physical examination revealed tenderness to palpation of the lumbar paraspinal muscles, 2+ peripheral pulses, restricted range of motion of the bilateral lower extremities, restricted lumbar range of motion, decreased sensation in the L5 dermatome, and decreased balance. Treatment recommendations at that time included a one-time psychological consultation, a urology consultation, and a prescription for Percocet 7.5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be indicated if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker is status post lumbar spine surgery in 2012. There is no evidence of a worsening or progression of symptoms or physical examination findings. The medical rationale for a neurology consultation at this time was not provided. Therefore, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.

Psychological Consultation times one (1) for psyche clearance for Spinal Cord Stimulator (SCS) trial: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, a one-time psychological consultation was requested prior to a spinal cord stimulator trial. The injured worker is status post L5-S1 fusion surgery in 2012. Previous conservative treatment includes physical therapy, epidural steroid injection, acupuncture, chiropractic therapy, and medication management. A psychological consultation is required prior to a spinal cord stimulator trial. Based on the clinical information received and the California MTUS Guidelines, the request is medically necessary.