MAXIMUS Federal Services

Case Number:	CM14-0037147		
Date Assigned:	09/05/2014	Date of Injury:	04/15/1995
Decision Date:	10/31/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 57-year-old male who reported a work related injury on 04/15/1995. The mechanism of injury was not specified. His diagnoses included multiple level discography, cervical spine with cervical discopathy and cervical radiculopathy, right shoulder impingement syndrome, internal derangement of the right wrist, exacerbation of the lumbar spine, status post anterior/posterior fusion of the lumbar spine L3-S1, and internal derangement of the right knee. His treatments consisted of medications and a home exercise program. His diagnostics included x-rays that were obtained on 02/12/2014 which did not show any abnormal motion at the L2-3 level with flexion and extension views. It was noted that there was no a clear solid fusion nor a clear failed fusion at the L2-3 level. The L3-4 and L4-5 levels appeared solidly fused and well-coalesced between the interbody grafts. His surgery included an anterior/post fusion of the lumbar spine L3-S1. On 02/12/2014, the injured worker reported that his symptoms continued to worsen and he described it as a continuous 10/10 in the mid lumbar region. The physician noted that his neurologic exam was nonfocal. His medications were noted as Halcion and Lortab. The treatment plan was for a consult/pain management. The rationale for the request was not provided. The Request for Authorization form was submitted on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult - Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 02/13/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

Decision rationale: Based on the clinical information submitted for review the request for Consult - Pain Management is not medically necessary. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Since patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. It was noted that the injured worker was status post anterior and post lumbar reconstruction for multilevel degenerative disc disease. The injured worker reported that his symptoms were continuing to worsen and he described his pain level at a continuous 10/10 in the mid lumbar region. On 02/12/2014, x-rays were obtained of the lumbar spine which revealed that the flexion/extension views did not show any abnormal motion at the L2-3 level. There was also not a clear fusion nor a clear failed fusion at this level. The physician suggested the injured worker get a CT scan. The guidelines indicate that an office visit is based upon signs and symptoms, which the injured worker constantly complained of low back pain, which he was referred to his primary physician for removal of the screws in his spine; however, he needed a CT scan to check for loosening of the screws. The clinical notes continuously show that the injured worker had a significant limitation in range of motion of the lumbar spine, but there was a lack of further objective findings to corroborate with his subjective complaints. Furthermore, the x-rays obtained on 02/12/2014 did not show any abnormal motion at the L2-3 level and there was not a clear failed fusion at this level. Also the L3-4 and L4-5 level appear solidly fused and well coalesced between the interbody grafts. The physician recommended the injured worker get a CT scan and an MRI of the lumbar spine which these diagnostic exams may confirm subjective complaints and warrant further treatment due to a lack of objective findings. As such, the request for Consult - Pain Management is not medically necessary.