MAXIMUS Federal Services

Case Number:	CM14-0044217		
Date Assigned:	07/02/2014	Date of Injury:	03/28/1994
Decision Date:	07/31/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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, and is licensed to practice in California and Washington. 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 73-year-old female who reported an injury on 3/28/94 due to two automobile accidents. On 4/30/13, the injured worker underwent hardware removal and re-arthrodesis at T10 through L5. It was noted that the injured worker continued to endorse fluctuating intensity of deep aching pain with radiation to the bilateral lower extremities. She had some numbness on the left greater than the right low back, and some dysfunction on the left greater than right lower extremity. It was noted that the injured worker had endorsed tearfulness and low mood, but denies suicidal ideation or inability to care for herself. On 5/8/14, physical examination revealed severe shoulder pain rated at a 7-8/10 due to a fall in the hospital after surgery. She states that her symptoms include leg cramps, right shoulder pain, low back pain, and groin pain. It was noted that when she lays down, her pain gets worse; she rates it at 7/10. Her medications included Norco, Ambien, Lyrica, and Nexium. It was noted that the injured worker had not yet started physical therapy and was awaiting authorization, but she tries to walk to some degree daily. There was no range of motion or motor examination included on the physical examination for the injured worker. The diagnoses included status post thoracolumbar spine fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to a new pain management provider.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600 (a).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that consideration of a new pain management consultation with a multidisciplinary pain clinic may be recommended if doses of opioids are required beyond what is usually required for the condition, or pain does not improve on opioids in three months. A psych consult should be considered if there is evidence of depression, anxiety, or irritability. An addiction medicine consult should be considered if there is evidence of substance misuse. The documents submitted stated that the injured worker has been on opioids medications ongoing for an undocumented time. It is noted that the injured worker had significantly lowered her dose that she had been on in the past. It was noted that the injured worker had endorsed tearfulness and low mood, but denies suicidal ideation or inability to care for herself. There is lack of documentation of the injured worker's pain assessment while on opioids to include pain level and duration of pain while taking the opioids, and functional improvement while the injured worker is on the opioids. It was documented that the injured worker was currently waiting for approval for physical therapy. In addition, there was no urine drug screen submitted for the injured worker to indicate opioids compliance while being on the opiate. Neither is there a psych consult, given there was documented evidence of the injured worker being depressed. Given the above, the request is not medically necessary.