MAXIMUS Federal Services

Case Number:	CM14-0044963		
Date Assigned:	07/02/2014	Date of Injury:	02/11/2007
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/12/2014

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, has a subspecialty in Pain Medicine 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 51-year-old male who reported an injury on 02/11/2007. The mechanism of injury was noted to be a fall from a ladder. The injured worker's diagnosis was noted to be cervical syndrome with radiculopathy. Prior treatments were noted to be medications and physical therapy as well as chiropractic care. The injured worker was noted to have an EMG/NCV study to the upper extremities as well as an MRI to the left knee. In addition, the injured worker had an MRI of the lumbar spine. The injured worker was undergoing a lot of pain at the time of the evaluation on 02/19/2014. He was having an acute exacerbation of low back pain. He stated that medications decreased his pain, but did not completely make it go away. The physical examination noted tenderness to palpation over the paravertebral muscles of the cervical and lumbar spine. Spasms were present and the range of motion was restricted. A straight leg raise test was positive on the right. Sensation was decreased in the right L5 dermatomal distribution. The examination of the left knee noted joint line tenderness to palpation and a positive McMurray's test. Medications provided for pain relief were noted to be Hydrocodone/Acetaminophen 7.5 mg/325 mg. The injured worker was referred to an additional course of physical therapy due to an acute exacerbation of pain symptoms. The injured worker was also to continue taking medications for pain relief. The request for authorization for medical treatment was provided and dated 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Consult: 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 Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state for consideration for a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or if pain does not improve on opioids in 3 months. The documentation submitted for review does not indicate the pain not improving within 3 months. The documentation should follow a 3 month duration to indicate the injured worker having more than just an acute exacerbation of pain. At that time, the guidelines would recommend a pain management consultation. As such, the request for 1 pain management consultation is not medically necessary.