

Case Number:	CM14-0051495		
Date Assigned:	06/23/2014	Date of Injury:	11/19/2012
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 Illinois. 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 59 year old female who reported an injury on 11/19/2012 from a fall. The injured worker had a history of lower back pain that radiates to bilateral legs with a diagnosis herniated disc at the L3-4 and L5-S1 and lumbar radiculopathy. The MRI revealed prominent disc bulge at the L2-3, L3-4, L4-5 and L5-S1, facet arthropathy, possible lateral tear at the L3-4, and bilateral lower extremity lumbar radiculopathy. The physical examination of the lumbar spine reveals tenderness to palpation, forward flexion 60 degrees, extension 20 degrees, decreased sensation on the right lateral thigh and painful range of motion. The injured worker reports her pain 7/10 on average however with medication her pain level is a 5/10 and without medication her pain level is 10/10 using the visual analog pain scale. The medications include Norco 10/325mg one every 6-8 hours for pain and Soma 350 mg one every 6-8 hours for spasms. The injured worker received an epidural steroid injection dated 10/07/2013 also had physical therapy that included electrical stimulation, massage and stretching exercise. The treatment plan includes referring pain management.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other: American College of Occupational and Environmental Medicine (ACOEM), updated version, Chapter 6, page 163.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. The injured worker had little to no response to pain medication including Norco 10/325mg and Soma 350 mg one every 6-8 hours for spasms, physical therapy that included massage therapy, electrical stimulation and stretching exercises and an epidural steroid injection the injured worker's pain remains at 7/10 on average using the visual analog pain scale. As such the request for pain management consultation is medically necessary and appropriate.