

Case Number:	CM14-0065608		
Date Assigned:	07/11/2014	Date of Injury:	06/23/2009
Decision Date:	11/26/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 36-year-old male who reported an injury on 06/23/2009 while attempting to lift a heavy gate. The injured worker had a history of lower back pain extending down to bilateral lower extremities. The diagnoses included chronic lower back pain with left sided greater than right radiculopathy pain. The prior surgeries included a status post lumbar spine surgery times 3 including lumbar fusion. The MRI to the lumbar spine dated 04/01/2014 revealed status post anterior posterior spinal fusion at the L5-S1. No evidence of recurring disc bulge or herniation. Prior treatment included medication. The objective findings of the lumbar spine dated 03/13/2014 revealed multiple surgical scars of the lumbar spine, no atrophy over the legs noted. Tenderness to palpation over the low back, with flexion of 45 degrees of the lumbar spine. Motor strength -5/5 to the right ankle and a 5/5 of the left ankle. Sensation was decreased along the lower lateral extremities. +1 flexion to the patella and Achilles. The medications included Gabapentin 300 mg and Pamelor 50 mg with a reported pain of 6/10-8/10. The treatment plan included a consultation for interdisciplinary pain management consult for the lumbar spine. The Request for Authorization dated 07/11/2014 was submitted with the documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation One Day Interdisciplinary Pain Management Consult for The Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30.

Decision rationale: The request for consultation for 1 day interdisciplinary pain management consult for the lumbar spine is not medically necessary. The California MTUS recommend where there is access to programs with proven successful outcomes for injured workers with conditions that place them at risk of delayed recovery. The injured worker should also be motivated to improve and return to work and meet the injured worker's selection criteria outlined below: The injured worker should be considered the gold standard content for treatment, the group of injured workers that benefit most from this treatment, the ideal timing of when to initiate treatment, the intensity necessary for effected treatment, and cost efficiency. The interdisciplinary team programs involves a team approach that is outcome focused and coordinated and offers good goal oriented interdisciplinary services. Outpatient pain rehab programs may be considered medically necessary when all of the criteria are met. The documentation was not evident of failed conservative care. The MRI was not evident of any abnormalities. As such, the request is not medically necessary.