

Case Number:	CM14-0066483		
Date Assigned:	07/11/2014	Date of Injury:	01/01/2002
Decision Date:	09/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 Interventional Spine 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 patient is a 39-year-old male with date of injury of 01/01/2002. The listed diagnoses per [REDACTED] dated 03/10/2014 are: 1. Status post lumbar laminectomy and microdiscectomy L5-S1. 2. Disk protrusion, L4-L5 per MRI dated 01/29/2007. 3. Lumbar radiculopathy, secondary to disk protrusion. 4. Herniated nucleus pulposus, cervical spine, deferred. 5. Cervical sprain/strain, deferred. 6. Herniated nucleus pulposus, lumbar spine. 7. Sprain, bilateral radial carpal joint, deferred. 8. Osteoarthritis, wrist, deferred. 9. Status post-surgery, deferred. 10. Bilateral cubital tunnel syndrome. 11. Bilateral carpal tunnel syndrome. 12. Depression. 13. Drug dependency. 14. Degenerative arthritis of the right hip. According to this report, the patient complains of mid back and lower back pain. The pain is constantly radiating down to bilateral thigh, leg, and foot. He also has pain in the interscapular region which he states is greater on the left than on the right. It is worse in the morning. The patient states that during the course of performing activities of daily living, there is still a significant amount of pain and stiffness in the lumbar spine and lower extremities. The objective findings show tenderness to palpation from T3 to T9 level bilaterally. There is pain on extension and flexion movements of the thoracic spine. Loss of lumbar lordosis, tenderness to palpation of the paraspinal muscles at 2+ on the right, left and in the midline. Decreased range of motion of the lumbar spine, patellar and Achilles tendon reflexes are positive, 2+ bilaterally and sciatic and femoral tension signs are positive, 2+ bilaterally. The utilization review denied the request on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up and treatment: Overturned

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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter: 7, page 127.

Decision rationale: The ACOEM Guidelines page 127, states that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain or course of care may benefit from additional expertise. The utilization review denied the request stating, "unclear what is being requested." In this case, the provider is concerned about the patient's persistent lower back and mid back pain, and the request for pain management follow up's for ongoing evaluation are reasonable. The request is medically necessary.