

Case Number:	CM14-0075689		
Date Assigned:	07/16/2014	Date of Injury:	03/10/2005
Decision Date:	08/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 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:

According to the records made available for review, this is a 63-year-old female with a 3/10/05 date of injury. At the time (5/1/14) of request for authorization for Pain Management treatment, there is documentation of subjective low back pain radiating to the right lower extremity. Objective findings include antalgic gait, decreased sensation in the right L4-5 dermatome, weakness of the right lower extremity, tenderness to palpation over the lumbar spine with decreased range of motion secondary to pain, and decreased patellar and Achilles reflexes. Her current diagnoses are lumbar stenosis with herniated disk status post L5-S1 decompression, multilevel lumbar spine degenerative disc disease, and lumbar foraminal stenosis. Her treatment to date include medication, activity modification, lumbar decompression surgery, physical therapy, and psychotherapy. In addition, medical report plan identifies pain management treatment for medication management with [REDACTED]. Furthermore, 2/20/14 pain management evaluation report ([REDACTED], Physical Medicine & Rehabilitation) plan identifies pain management follow-up visits with [REDACTED] for follow through treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Treatment: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar stenosis with herniated disk status post L5-S1 decompression, multilevel lumbar spine degenerative disc disease, and lumbar foraminal stenosis. However, despite documentation of a plan identifying pain management treatment for medication management with [REDACTED], and given documentation of a pain management evaluation identifying that the patient is currently under the care of [REDACTED] and receiving follow-up visits, there is no documentation of the medical necessity for the requested pain management treatment. Therefore, based on guidelines and a review of the evidence, the request for pain management treatment is not medically necessary.