

Case Number:	CM14-0080895		
Date Assigned:	07/18/2014	Date of Injury:	08/15/2008
Decision Date:	08/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, 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 claimant is a 58 year old male with date of injury of 8/15/08 with related pain in the lumbosacral spine. Per progress report dated 4/3/14, he rated his pain 9/10 in intensity. He reported pain radiating to the posterior thigh and leg areas bilaterally. He reported that the left knee was weak and that it buckled. There was numbness and tingling in the feet bilaterally. He was status post L5-S2 microdiscectomy 2/6/09; and XLIF at L4-L5 and ALIF at L5-S1 on 4/30/12. MRI of the lumbar spine dated 6/1/11 revealed evidence of diffuse posterior disc bulging at L4-L5 which caused bilateral mild to moderate foraminal impingement and superimposition of broad-based central disc bulge causing mild to moderate spinal stenosis. At the L3-L4 level there was a minimal anteroposterior diameter of thecal sac between 9-10mm and consistent with borderline mild spinal stenosis. EMG/NCV dated 8/12/11 revealed evidence of a possible mild active L4 and L5 radiculopathy on the left; and revealed evidence of moderately severe sensory motor diabetic peripheral neuropathy of the bilateral upper and lower extremities. Treatment to date has included surgery, epidural steroid injections, physical therapy, and medication management. The date of UR decision was 5/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management sessions, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General approach to initial assessment and documentation Page(s): 127.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The requested referral is supported by the documentation available for my review. As the injured worker has been refractory to all treatment modalities attempted, pain management consultation is warranted. However, as the request does not specify the quantity of pain management sessions, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for one pain management session.