

Case Number:	CM14-0193045		
Date Assigned:	11/26/2014	Date of Injury:	02/24/2004
Decision Date:	01/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine and is licensed to practice in New York. 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 49 year old man with a date of injury of 2/24/04. He was seen by primary treating physician on 11/4/14 with complaints of back and lower extremity pain, neck pain with less muscle spasm and trouble with sleep due to pain. His medications included Percocet, gabapentin, skelaxin and senokot. The medications were said to help with his pain and normalize his function and he denied side effects. His exam showed an antalgic gait and mid line surgical incision which was well healed in his back. He had diminished S1 dermatome sensation and tenderness to palpation in the mid line and left> right paraspinal region. He had reduced range of motion of the lumbar spine and a right positive straight leg raise. His diagnoses included L4-5 ADR, L5-S1 anterior / posterior fusion, chronic L4-5 radiculopathy, multilevel HNPs lumbar spine, neural foraminal narrowing and canal stenosis, lumbar spine and concordant pain L4-5 an L5-S1. At issue in this review is the request for a CT of the lumbar spine and pain management second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker has had multiple therapeutic modalities including lumbar fusion surgery to treat his chronic back and leg pain. CT can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented in the past. In the absence of physical exam evidence of red flags, a CT of the lumbar spine is not medically indicated. It is also not documented in the records, the rationale for the CT scan or how it will change his management. The medical necessity of a lumbar spine CT is not substantiated in the records.

Pain management second opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2004. The worker has been treated with multiple modalities of pain management including surgery and medications. The medications were said help his pain and normalize his function and he was free of side effects. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and history and response to medications do not support this complexity. The medical necessity of a pain management consult is not substantiated in the records.