

Case Number:	CM14-0197984		
Date Assigned:	12/08/2014	Date of Injury:	12/09/2002
Decision Date:	01/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency 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 patient has a reported injury date of injury on 12/09/2002. The mechanism of injury was not documented. The patient has a diagnosis of lumbar radiculopathy and lumbar spinal stenosis. The patient is post L3-4 lumbar decompression with an interbody fusion on 5/21/14. The medical reports reviewed. The last report was available until 10/7/14. The patient has chronic lumbar pain with pain reportedly "improving" with physical therapy. Leg pain and weakness has improved the patient has difficulty sitting more than 10minutes due to pain. Objective exam reveals normal gait and station. Lumbar spine exam reveals normal lumbar lordosis and without scoliosis. No spasms noted. Strength was normal. There is no rationale provided for pain management consult. The patient has or is undergoing physical therapy. The patient's medications include Percocet, Soma and Temazepam. An Independent Medical Review is for evaluation with chronic pain management specialist. Prior UR on 11/25/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with chronic pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for chronic pain management. Pain is improving after surgery. Consultation to a chronic pain management specialist is not medically necessary.