MAXIMUS Federal Services

Case Number:	CM14-0207724		
Date Assigned:	12/19/2014	Date of Injury:	06/04/2010
Decision Date:	09/15/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 6-4-10. He has reported initial complaints of an injury to the back after unloading a trailer and having several heavy objects fall on top of him. The diagnoses have included lumbosacral spondylosis, cervicalgia, myalgia and myositis, chronic pain syndrome, cervical spondylosis, lumbar disc degeneration, and sleep disturbance. Treatment to date has included medications, activity modifications, surgery, injections, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 9-11-14, the injured worker complains of chronic neck, left upper extremity pain, thoracic and low back pain and bilateral lower extremity pain. He reports that the pain is intolerable without treatment on a regular basis. He reports that medications decrease the pain so that he is able to perform his activities of daily living (ADL). He also reports difficulty with sleep due to pain. The pain is rated 8-9 out of 10 on the pain scale. The current medications included Gabapentin, Duragesic patch, Norco, Baclofen, Naproxen, and Omeprazole. The objective findings-physical exam reveals that the exam of the bilateral upper extremities, bilateral lower extremities and spine shows palpation reveals tenderness in the region concordant with the injured worker's described area of pain. Deep palpation results in distal radiation of the pain. There is a reduced range of motion noted, reduced stability in the joints, and decreased muscle strength. There are palpable taut bands in the area of the pain. There also appears to be a soft tissue dysfunction and spasm in the lumbar region. The physician noted that he is recommending that the injured worker uses medications for treatment of his painful condition. The physician requested treatment

included follow-up visits with pain medicine specialist monthly x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits with pain medicine specialist monthly x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ACOEM, 2nd Edition Chapter 7 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient sustained a low back injury in June 2010 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by pain consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The continued monthly Pain Management visits as secondary treating physician to monitor medication use is not medically necessary and appropriate. The Follow-up visits with pain medicine specialist monthly x 3 are not medically necessary and appropriate.