

Case Number:	CM14-0210061		
Date Assigned:	12/23/2014	Date of Injury:	11/28/2012
Decision Date:	02/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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:

This 59 year-old patient sustained an injury to the low back on 11/28/12 while employed by [REDACTED]. Request(s) under consideration include 1 Pain Management Consultation for the Lumbar Spine as an Outpatient. Diagnoses include Knee internal derangement/ meniscal tear/ sprain/strain; and lumbar sprain/strain. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 11/26/14 from the physical medicine provider noting patient without overall change in pain level rated at 4-6/10 for left knee. Medications of Naproxen and Prilosec were noted to help; chiropractic treatment of 11 sessions was also helpful while the acupuncture was not helpful. Hand-written report was difficult to decipher; however, did not identify any significant exam changes. Treatment included MRI of left ankle/foot; orthopedic referral for knee; medications; pain management for the lumbosacral spine. The patient was returned to full duty. The request(s) for 1 Pain Management Consultation for the Lumbar Spine as an Outpatient was non-certified on 12/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Consultation for the Lumbar Spine as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent medical examinations and consultations and ODG, Online version Pain Chapter

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 127.

Decision rationale: This 59 year-old patient sustained an injury to the low back on 11/28/12 while employed by [REDACTED]. Request(s) under consideration include 1 Pain Management Consultation for the Lumbar Spine as an Outpatient. Diagnoses include Knee internal derangement/ meniscal tear/ sprain/strain; and lumbar sprain/strain. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 11/26/14 from the physical medicine provider noting patient without overall change in pain level rated at 4-6/10 for left knee. Medications of Naproxen and Prilosec were noted to help; chiropractic treatment of 11 sessions was also helpful while the acupuncture was not helpful. Hand-written report was difficult to decipher; however, did not identify any significant exam changes. Treatment included MRI of left ankle/foot; orthopedic referral for knee; medications; pain management for the lumbosacral spine. The patient was returned to full duty. The request(s) for 1 Pain Management Consultation for the Lumbar Spine as an Outpatient was non-certified on 12/10/14. This patient sustained a low back injury in November 2012 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he 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 consultation in order to identify incorrect or missed diagnoses; however, this is not the case; he 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 patient was noted to have pain relief from conservative chiropractic and medication treatment with return to full duty. The 1 Pain Management Consultation for the Lumbar Spine as an Outpatient is not medically necessary and appropriate.