

Case Number:	CM14-0095275		
Date Assigned:	07/25/2014	Date of Injury:	08/07/2013
Decision Date:	01/26/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 7, 2013. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for a consultation report times six" while approving/partially approving/conditionally approving an initial pain management consultation. The claims administrator cited a progress note of April 29, 2014 in its partial approval/conditional approval. The claims administrator stated that a teleconference with the attending provider suggested that the request for a consultation report times six" implied that six pages of billing were being sought. The applicant's attorney subsequently appealed. The applicant received various treatments throughout 2014, including percutaneous neuromodulation therapy (PNT) and manual therapy. Lumbar MRI imaging of January 31, 2014 was notable for multilevel disk space narrowing, disk bulges, and neuroforaminal narrowing, of uncertain clinical significance, most prominent at the L3-L4 level. In a handwritten note dated May 29, 2014, the applicant was placed off of work, on total temporary disability, for additional six weeks. A lumbar support, Sudoscan testing were sought. The note was handwritten and very difficult to follow. On June 23, 2014, the applicant was again placed off of work, on total temporary disability, while a spine surgery consultation was sought. Ancillary complaints of shoulder pain were noted, superimposed on a primary complaint of low back pain. On March 10, 2014, the applicant's primary treating provider again placed the applicant off of work, on total temporary disability, owing to a primary diagnosis of low back pain. On May 21, 2014, the applicant apparently consulted a pain management physician, reporting 9/10 low back pain. The applicant had sustained a previous injury to the low back, in 2011. The applicant was using naproxen and Motrin for pain relief. The attending provider stated that he would furnish the applicant with prescriptions for naproxen, Flexeril, and several

topical compounds. Lumbar radiofrequency ablation procedures were sought. The consultation report totaled five pages in length.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial consultation with pain management x1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant is off of work. Earlier percutaneous neuromodulation, manipulative therapy, physical therapy, medication therapy, topical compounds had, in fact, proven unsuccessful. Obtaining the added expertise of a physician specializing in chronic pain, such as the pain management consultant, was indicated. Therefore, the request was medically necessary.

Consultation report x6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 35, 36.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for a pain management consultation. As noted above, said pain management consultation was ultimately five pages in length, i.e., approximately six pages in length. As noted in the MTUS Guideline in ACOEM Chapter 2, page 35, an adequately documented and legible report is essential for accurate billing and legal purposes. ACOEM Chapter 2, page 36 further notes that reports of medical evaluations should be reflected in an applicant's medical record. For all of the stated reasons, then, the six-page consultation report was indicated. Therefore, the request was medically necessary.