

Case Number:	CM15-0003228		
Date Assigned:	01/14/2015	Date of Injury:	07/17/2009
Decision Date:	04/01/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 54 year old male who sustained an industrial injury on 07/17/2009. He has reported pain in the neck and low back. The diagnoses have included lumbosacral spondylosis without myelopathy. According to the UR letter, documentation of 12/18/2014 notes that the IW currently complains of low back and right lower extremity pain and his diagnoses include displacement of thoracic or lumbar intervertebral disc without myelopathy sciatica, lumbosacral spondylosis without myelopathy, other affections of shoulder region, not elsewhere classified, surgery follow-up examination and other post procedural status, lumbar sprain and strain and lumbago. Additional diagnoses included lumbar herniated nucleus pulposus. This report is not provided in the medical records. A comprehensive report was not provided to the utilization review company. The orthopedic note of 12/18/2014 was purported to say that on examination the IW had decreased right S1 nerve root sensation. There were no supporting x-rays or MRI's. On 12/15/2014 Utilization Review non-certified a request for One (1) consult with pain management physician for lumbar spine chronic pain as an outpatient between 12/11/2014 and 1/25/2015, noting the referral was for the intent of having an epidural steroid injection. According to the UR agency, the information provided did not establish if the cited guidelines were met and if medical necessity was established. The ACOEM Guidelines, Chapter 7, page 127 were cited. On 01/07/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) consult with pain management physician for lumbar spine chronic pain:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 6, Pg 112-114.

Decision rationale: The cited guidelines support referral to pain consultation when conservative treatment has not been successful and the patient is experiencing worsening of pain symptoms that is impacting functional capacity. ACOEM, Chapter 6, page 114 state: "Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability." The guidelines also state that physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) Specific clinical findings suggest undetected clinical pathology. 2) Appropriate active physical therapy does not appear to be improving function as expected. 3) The patient experiences increased pain, or at the very least, pain does not decrease come over time. The records for this specific IW states that there has been limited improvement despite conservative treatment and there is a request for 1 consult visit for pain management for a specific indication to determine if epidural steroid injection are indicated. Considering the provided records and cited guidelines, referral for pain medicine consultation is clinically appropriate.