MAXIMUS Federal Services

Case Number:	CM15-0005989		
Date Assigned:	01/26/2015	Date of Injury:	02/24/2004
Decision Date:	04/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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
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 is a 49 year old male, who sustained an industrial injury on 2/24/2004. He has reported low back injury and pain in bilateral shoulders. The diagnoses have included lumbosacral neuritis, anterior, posterior fusion on 8/14/13, chronic radiculopathy, stenosis and neural foraminal narrowing. Treatment to date has included medications, physical therapy, heat/ice, Transcutaneous Electrical Nerve Stimulation (TENS), chiropractic, traction, diagnostics and surgery. Currently, the IW complains of low back, bilateral lower extremity and neck pain. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 1/17/14 revealed degenerative disc disease (DDD) and facet arthropathy, and neural foraminal narrowing. He reports cramping and aching across lower back and radiation of numbness, burning, pins and needles into lateral aspect of right lower extremity. He reports increase pain with activity. The pain is rated 5/10 currently but could be 10/10. He reports that lying down and elevating feet, medications and sitting in a hot tub alleviates symptoms. He had epidural steroid injections which alleviated pain for about 2 weeks. Physical exam revealed sensation to pinprick is decreased; bilateral lower lumbar muscles are tender to palpation with spasms. There was positive lumbar facet loading test bilaterally and tenderness over the right sacroiliac joint. On 12/17/14 Utilization Review modified a request for Ongoing Pain Management Follow-Up Visits modified to a certification of 1 pain management follow up between 11/5/14 to 2/13/2015, noting the injured worker has chronic pain and some acute issues that still need to be addressed. Therefore, the request for 1 follow up office visit in 6 weeks is certified. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Pain Management Follow-Up Visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids section, Opioids Dosing section Page(s): 78, 86.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioids are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. The injured worker is chronically injured (approximately 11 years) and has had pain management consultations with multiple procedures previously. His primary treating physician is with pain management. His current opioid therapy is Percocet 10/325 mg three times daily, which is approximately 45 mg oral morphine equivalents per day. The rationale for ongoing pain management follow up visits is not specified by the requesting physician, however, it is clear that this injured worker is receiving chronic pain medications and is receiving periodic treatments from pain management, which necessitates ongoing follow up. Utilization review recommended a single pain management evaluation based on the MTUS Guidelines for acute back pain follow up, but this is a chronic pain patient. The request for Ongoing Pain Management Follow-Up Visits is determined to be medically necessary.