

Case Number:	CM15-0007082		
Date Assigned:	01/26/2015	Date of Injury:	04/29/2009
Decision Date:	03/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/13/2015

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: 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 26 year old male who sustained a work related injury April 29, 2009. While working, he lifted a wooden pallet and experienced low back pain with tingling at both thighs. He was treated with chiropractic care and epidural steroid injections. He underwent a L4-5 laminectomy and discectomy May 18, 2011, followed by three months of physical therapy with significant improvement, yet some residual pain. According to treating chiropractic report dated December 27, 2014, the injured worker presented with lumbar pain 1/10, and has remained the same since onset June 13, 2014. The pain is described as aching and radiating down to buttock and aggravated by bending. There is thoracic pain 2/10 present since May 2014, described as burning aching with numbness and aggravated by standing. The bilateral straight leg raise is negative and Kemp's test, bilateral, is positive. Assessment documented as low back pain, lumbar pain; lumbosacral pain; pain in joint; sciatica; thoracic. Treatment plan includes a request for a pain medication management consultation. Electromyography and motor nerve studies dated November 14, 2014 and MRI, lumbar spine (magnetic resonance imaging) dated November 25, 2014, are present in the medical record. According to utilization review, dated January 2, 2015, the request for Pain Medication Management Consultation is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Medication Management Consultation, Lumbar Spine, Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient was injured on 04/29/09 and presents with low back pain with tingling at both thighs. The request is for a PAIN MEDICATION MANAGEMENT CONSULTATION FOR THE LUMBAR SPINE AND THORACIC SPINE. The 12/29/14 RFA states that the request is for a second opinion with [REDACTED] for pain medication management. The patient's work status is not provided. The utilization review determination rationale is that the patient has already had a prior pain management consult but didn't like him. We do not see an indication for another evaluation for pain management 5+ years post DOI. ACOEM page 127, states the occupational health practitioner may refer to other specialist if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise. MTUS page 8 also requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. As of 12/02/14, the patient is currently taking Advil. Past medications include Norco, Advil, Tylenol, Lunesta, Tramadol, and Codeine. The bilateral straight leg raise is negative and Kemp's test, bilateral, is positive. Assessment documented as low back pain, lumbar pain; lumbosacral pain; pain in joint; sciatica; thoracic. It appears that the patient has already had a prior pain medication management consult, but he didn't care for the [REDACTED]. There was no discussion as to why the patient did not care for the pain management physician; and whether this is related to "indicators and predictors of possible misuse of controlled substances an/or addiction" under the MTUS guidelines, pages 87-88." Therefore, the requested consult IS NOT medically necessary.