

Case Number:	CM15-0101228		
Date Assigned:	06/03/2015	Date of Injury:	08/29/2005
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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, Pain Management

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 53 year old male who sustained an industrial injury on 08/29/2005. He reported an injury to the low back where he felt a "pop" followed by pain. The injured worker was diagnosed as having multilevel degenerative disc disease L3-S1. At the provider visit of 04/24/2015, the diagnoses addressed were: status post anterior-posterior fusion, L2-S1 (12/17/2009), and adjacent segment disease L2-3 with central stenosis. Treatment to date has included anterior-posterior fusion, L2-S1 (12/17/2009), physical therapy, and medications for pain. His pain is not well controlled despite multiple narcotic medications. He is receiving Fentanyl Patch, Percocet, Xanax, and Soma. Currently, the injured worker complains of increased back pain, and he is having increased difficult with day to day activities with an increase in frequency of break through pain episodes. Authorization for lumbar surgery was requested and denied. He is permanent and stationary. A request for authorization is made for pain management consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for pain management consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is noted that the patient has not responded adequately to treatment including multiple narcotic medications. While a pain management consultation appears appropriate, an open-ended request for treatment is not supported, as the need for any specific treatment will depend in part on the results of that consultation. Unfortunately, there is no provision to allow for modification of the request for consultation only. In light of the above issues, the currently requested pain management consultation and treatment is not medically necessary.