

Case Number:	CM15-0140511		
Date Assigned:	07/30/2015	Date of Injury:	12/31/2012
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This 56 year old female sustained an industrial injury on 12-31-12. She subsequently reported back pain. Diagnoses include lumbar strain, chronic right lower extremity radiculopathy and annular tear with disc bulge. Treatments to date include MRI testing, injections and prescription pain medications. The injured worker reports continued back pain, which radiates into the lower back, buttocks, hip, leg, knee, ankle, foot, toes. Upon examination, there was tenderness in the left posterior sacroiliac region. The right SI joint is slightly tender. Right shoulder reveals painful range of motion with positive impingement. A request for Pain management evaluation and follow-up x 6 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation and follow-up x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

Decision rationale: The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. In this case, the injured worker reports continued back pain which radiates into the lower back, buttocks, hip, leg, knee, ankle, foot, toes despite attempts at conservative treatments. Upon examination, there was tenderness in the left posterior sacroiliac region. The right SI joint is slightly tender. Right shoulder reveals painful range of motion with positive impingement. Although pain management may be necessary in this case, 6 follow-ups is not supported as each follow-up should be based on the injured worker's prior visit and efficacy of current treatments. The request for pain management evaluation and follow-up x 6 is not medically necessary.