

Case Number:	CM15-0145278		
Date Assigned:	08/06/2015	Date of Injury:	03/30/2015
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

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 is a 37-year-old male who sustained an industrial injury on 03-30-15. Initial complaints include a back problem. Initial diagnoses include low back injury and lumbar radiculopathy. Treatments to date include 6 chiropractic sessions, home exercise program physical therapy, and medications. Diagnostic studies include x-rays and a MRI of the lumbar spine. Current complaints include low back pain. Current diagnoses include low back injury and lumbar radiculopathy with history of spinal fusion. In a progress note dated 06-25-15, the treating provider reports the plan of care as evaluation and continuation of care with pain management. The requested treatment is evaluation and continuation of care with pain management due to lack of progress with conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management program and evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Dept of Labor and Employment (Chapter; Chronic Pain Disorder; Section: Therapeutic Procedures, non-operative), pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in March 2015 and continues to be treated for back pain. Treatments have included physical therapy, chiropractic care, and medications. There had been limited progress in physical therapy and he had been discharged. Topical medication had been helpful. He was performing a home exercise program. When seen, he was having low back pain and middle trapezius pain radiating to the shoulder. Physical examination findings included and relating with a slow, antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion. There was decreased and guarded hip range of motion. Imaging results showed a prior L5-S1 fusion. Authorization for a pain management evaluation and continuation of care was requested. He was continued at temporary total disability. Follow-up was planned in six weeks. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing pain and has not returned to work. Conservative treatments have been reasonable but without apparent benefit. Requesting a pain management evaluation is appropriate. However, participation in a program of further pain management would be dependent on the outcome of that evaluation. The treating provider plans to follow-up with the claimant and remains the primary treating provider. This request is for more than an evaluation and is not medically necessary.