

Case Number:	CM15-0163236		
Date Assigned:	08/31/2015	Date of Injury:	05/12/2003
Decision Date:	10/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/19/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 5-12-03. Diagnoses are post-laminectomy syndrome and right knee pain. In a progress report dated 6-29-15, the primary treating physician notes persistent low back pain and limited functional capabilities. Ambulation is diminished. Lifting and bending is very limited. Pain, swelling and decreased range of motion is noted of the knee. Range of motion of the lumbar spine is limited and there is weakness of both legs, gait is abnormal and he is unable to flex the right knee beyond 100 degrees. Work status is to remain off of work. In a letter dated 6-25-15, the physician notes the injured worker has been using Fentanyl Patches every 48 hours and Oxycodone every 6 hours for chronic back pain which has been present ever since an injury in 2003. Surgical intervention has not improved it and medications lessen the pain. The requested treatment is a pain management consultation and follow up 3 times. The patient sustained the injury due to lifting a heavy object. The medication list include Oxycodone, Valium, Trazodone, Fentanyl and Lidoderm. Per the note dated 6/2/15 the patient had complaints of back pain and depression. Physical examination of the lumbar spine revealed limited range of motion, antalgic gait, tenderness on palpation and weakness in both legs. The patient has had UDS that was positive for Methadone. The patient has had X-ray of the lumbar spine on 9/2/14 that revealed post operative changes of fusion; CT scan revealed no evidence of loosening of hardware and bilateral foraminal narrowing on 1/19/15; MRI of the lumbar spine on 3/4/15 that revealed degenerative changes. The patient's surgical history include lumbar surgery laminectomy on 1/21/14. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and follow up x 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists 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." The patient has abnormal objective findings on physical exam and imaging studies. His medications include more than one controlled substances. He has a significant history of lumbar surgery. He also has a history of depression. Therefore this is a complex case and the management of this case would be benefited by a Pain management consultation and follow up x 3. The request for Pain management consultation and follow up x 3 is medically necessary and appropriate for this patient.