

Case Number:	CM15-0180413		
Date Assigned:	09/22/2015	Date of Injury:	02/01/2011
Decision Date:	11/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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 48 year old female who sustained an industrial injury on 02-01-2011. Current diagnoses include fibromyalgia, lumbar intervertebral disc displacement without myelopathy, right L5 radiculopathy, and impaired gait. Report dated 07-30-2015 noted that the injured worker presented with complaints that included middle back pain and low back pain that radiates into her right lower extremity. Pain level was 4-5 (middle back) and 6 (low back) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-30-2015 revealed multiple trigger points, mild loss of range of motion, positive cervical compression on the right, mildly decreased cervical sensation, thoracic paraspinal spasms with tenderness, lumbar spine spasms with trigger points, positive straight leg raise on the right, positive braggard's on the right, positive Yeoman's, positive Erichhson's, and trigger points in the posterior knees and calves. Previous treatments included medications. The treatment plan included awaiting the AME report, and request for pain management consultation and treatment. The utilization review dated 08-13-2015, non-certified/modified the request for pain management consultation and treatment for the lumbar spine. The patient had received an unspecified number of PT and acupuncture visits for this injury Patient had received shock wave therapy for this injury. The patient has had prior pain management consultation. The patient has had a history of a car accident and removal of a uterine cyst. The medication list includes Advil, Tramadol, Bupropion, Zolpidem, Buspirone, and Alprazolam. The patient has had a MRI of the cervical spine that revealed mild foraminal narrowing, and a MRI of lumbar spine revealed degenerative changes. The patient has a history of anxiety, depression and insomnia.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, IME and consultations.

Decision rationale: Request-Pain management consultation and treatment. 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." Current diagnoses include fibromyalgia, lumbar intervertebral disc displacement without myelopathy, right L5 radiculopathy, and impaired gait. Report dated 07-30-2015 noted that the injured worker presented with complaints that included middle back pain and low back pain that radiates into her right lower extremity. Physical examination performed on 07-30-2015 revealed multiple trigger points, mild loss of range of motion, positive cervical compression on the right, mildly decreased cervical sensation, thoracic paraspinal spasms with tenderness, lumbar spine spasms with trigger points, positive straight leg raise on the right, positive braggard's on the right, positive Yeoman's, positive Erichhson's, and trigger points in the posterior knees and calves. The patient has had a history of a car accident and removal of a uterine cyst. The patient has had a MRI of the cervical spine that revealed mild foraminal narrowing, and a MRI of the lumbar spine that revealed degenerative changes. The patient has had a history of anxiety, depression and insomnia. His medication list includes controlled substances like zolpidem, tramadol and alprazolam. Therefore, this complex case, the management of this case would be benefited by a Pain management consultation, and treatment. The request for pain management consultation and treatment is medically necessary and appropriate for this patient.