

Case Number:	CM15-0189148		
Date Assigned:	10/01/2015	Date of Injury:	01/27/2015
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 43 year old male, who sustained an industrial injury on January 27, 2015, incurring neck, low back and shoulder injuries. He was diagnosed with lumbar spine sprain, lumbago, cervical spine sprain, left shoulder arthralgia, and right shoulder internal derangement. Treatment included physical therapy, acupuncture, anti-inflammatory drugs, and activity restrictions. The injured worker noted mixed results with his therapies. Currently, the injured worker complained of ongoing neck, low back pain radiating down both legs and bilateral shoulder pain. He noted increased muscle weakness, numbness and tingling radiating down both legs. His pain worsened with changing position and standing in an upright weight bearing position. He reported restricted range of motion on flexion and extension with increased muscle spasms of the lumbar spine. A lumbar Magnetic Resonance Imaging done in July, 2015, revealed lumbar disc desiccation degenerative changes facet hypertrophy and disc herniation. The treatment plan that was requested for authorization on September 24, 2015, included pain management consultant for the lumbar spine. On September 17, 2015, a request for a pain management consultation was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for the lumbar spine: Overturned

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 ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127.

Decision rationale: The 43 year old patient complains of persistent neck pain, rated at 7/10, radiating to bilateral shoulders, and lower back pain, rated at 7/10, radiating to lower extremities, as per progress report dated 08/25/15. The request is for PAIN MANAGEMENT CONSULTATION FOR THE LUMBAR SPINE. The RFA for this case is dated 08/25/15, and the patient's date of injury is 01/27/15. Diagnoses, as per progress report dated 08/25/15, included lumbago, lumbar musculoligamentous sprain/strain, lumbar myospasm, cervical musculoligamentous sprain/strain, cervical myospasm, left shoulder arthralgia, right shoulder internal derangement, right knee arthralgia, and right ankle arthralgia. The patient is totally temporarily disabled, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient does suffer from significant pain in the lower back that radiates to bilateral lower extremities. Physical examination of the lumbar spine revealed spasms, tenderness and painful range of motion along with positive sciatic stretch, as per progress report dated 08/25/15. MRI of the lumbar spine, dated 07/03/15, revealed disc desiccation from L1-2 to L5-S1, degenerative changes at L5-S1, and disc herniation at L3-4 and L5-S1. The treater is requesting for pain management consultation for the consideration of cervical and lumbar epidural injections. Given the chronic pain, the request appears reasonable and IS medically necessary.