

Case Number:	CM15-0193513		
Date Assigned:	10/08/2015	Date of Injury:	11/20/2012
Decision Date:	11/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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, Hawaii

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 54 year old male, who sustained an industrial injury on 11-20-2012. Diagnoses include lumbar spine degenerative disc disease, facet hypertrophy, bilateral lower extremity radiculopathy, right inguinal hernia, testicular hydrocele, and antalgic gait. A lumbar spine MRI dated 3027014, was documented to reveal multilevel lumbar disc protrusions, left lateral recess stenosis, bilateral foraminal stenosis, and disc bulge with stenosis, and multilevel degenerative facet arthropathy. Treatments to date include activity modification and Tramadol; however, a urine toxicology dated 7-9-15, did not show Tramadol in the system. The records documented on 5-13-15, he also previously underwent physical therapy, one chiropractic session, and one lumbar epidural steroid injection. On 8-13-15, he complained of ongoing intermittent pain in the right groin and abdomen. The physical examination documented there was a reducible hernia palpated, and bilateral inguinal hernia by ultrasound. The plan of care included hernia repair with mesh. On 8-20-15, he complained of bilateral lower extremity pain, tingling, and noted that he was previously recommended for lumbar facet injections; however, the claim was previously denied and now had been accepted. The physical examination documented lumbar tenderness with muscle spasm noted on the right side and decreased range of motion. The appeal requested authorization for a pain management consultation for the lumbar spine. The Utilization Review dated 9-2-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management 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 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Consultation.

Decision rationale: The patient presents with lumbar spine and groin pain. The current request is for Pain management for the Lumbar Spine. The treating physician's report dated 08/20/2015 (47B) states, "L/S: 6/10 pain. Pt now c/o BLE radicular pain, tingling. Claim now accepted & pt was previously recommended for injections when claim was denied. Will request pain mgmt consult." The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, the physician would like the expertise of a pain management physician to evaluate and determine the course of care for the patient. The current request is medically necessary.