

Case Number:	CM15-0027940		
Date Assigned:	02/20/2015	Date of Injury:	02/14/2011
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 46-year-old male, with a reported date of injury of 02/14/2011. The diagnoses include lumbar herniated nucleus pulposus, status post lumbar laminectomy at L4-5 and L5-S1, small lateral disc herniation on the left L3-4, broad-based disc bulge at L4-5 and L5-S1, and bilateral foraminal narrowing. Treatments have included an MRI of the lumbar spine on 10/07/2014, electromyography/nerve conduction study of the bilateral lower extremities on 02/24/2014, lumbar fusion from L4 to the sacrum on 10/08/2014, three aquatic-based postoperative physical therapy sessions, and a TriMod brace. The progress report dated 01/06/2015 indicates that the injured worker complained of low back pain and left hip pain. He stated that he was addicted to narcotics, and wanted to discontinue using them. The physical examination showed normal bilateral lower extremity strength, intact sensation, negative bilateral seated straight leg raise test, trace bilateral patellar reflexes, and absent bilateral Achilles reflexes. The lumbar range of motion was not assessed due to the recent surgery. The treating physician requested one consultation and treatment with pain management so that narcotics could be discontinued. On 01/21/2015, Utilization Review (UR) modified the request for one consultation and treatment with pain management. The UR physician noted that any treatment is not reasonable until the evaluation has been completed. Therefore, the UR physician certified one consultation with a pain management specialist.

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: 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 Department of Labor and Employment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach : (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management consultation and treatment is not medically necessary.