

Case Number:	CM15-0031724		
Date Assigned:	02/25/2015	Date of Injury:	01/09/1999
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 57 year old male, who sustained an industrial injury on 1/09/1999, while employed as a roofer. The diagnoses have included lumbago and cervicgia. Treatment to date has included surgical and conservative measures. A pain management consultation was documented on 2/02/2015, noting recommendation for caudal epidural steroid injection and addition of Gabapentin. On 1/28/2015, the injured worker reported constant cervical pain with radiation into the upper extremities, rated 8/10, bilateral shoulder pain, left greater than right, rated 8/10, and low back pain, with radiation to the lower extremities, rated 7/10. Exam of the cervical spine noted palpable paravertebral muscle tenderness with spasm, positive Spurling's maneuver, and limited range of motion. Exam of the shoulder (laterality unspecified) noted tenderness around the anterior glenohumeral region and subacromial space, positive Hawkin's and impingement sign, and reproducible symptomatology with internal rotation and forward flexion. Exam of the lumbar spine noted palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, restricted standing flexion and extension, and L5 dermatomal pattern. Current medication regime was not noted. Treatment plan included medication refills, consultation with pain management specialist for consideration of lumbar epidural injections, and acupuncture. Magnetic resonance imaging of the lumbar spine, dated 11/25/2013, noted L1-2 minimal right posterior disc protrusion without significant stenosis or neural compression, L3-4 and L4-5 minimal disc bulge without significant stenosis, and two postsurgical sarcomas at the posterior paravertebral region, without appreciable communication with the thecal sac. Electrodiagnostic studies of the lower extremities, dated 12/02/2013, noted no evidence of

neuropathy in the lower extremities. On 2/03/2015, Utilization Review non-certified a request for 1 pain management consultation, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pain management consultation: Overturned

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 4/27/2007, pg 56.

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), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Based on the 01/28/15 progress report, the patient presents with constant cervical pain with radiation into the upper extremities, rated 8/10, bilateral shoulder pain, left greater than right, rated 8/10, and low back pain, with radiation to the lower extremities, rated 7/10. The request is for ONE (1) PAIN MANAGEMENT CONSULTATION. The patient's diagnosis per RFA dated 01/29/15 includes Lumbago and Cervialgia. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm, positive Spurling's maneuver, and limited range of motion. The patient is currently working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 "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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Per treater report dated 01/28/15, treater states, "Request authorization for referral to a pain management specialist for consideration of lumbar epidural injections." UR letter dated 02/03/15 denied the request on the basis of "non-certification of lumbar ESI." ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Given the patient's condition, the request for consult appears reasonable. Therefore, the request IS medically necessary.