

Case Number:	CM15-0047071		
Date Assigned:	03/19/2015	Date of Injury:	01/02/1993
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 69 year old male, who sustained an industrial injury on 1/2/1993. The injured worker was diagnosed as having multilevel lumbar spine discopathy. Treatment to date has included medication. According to the progress note dated 1/21/2015, the injured worker complained of aching and stabbing pain in the low back which he rated 7/10 on the pain scale with radiation to the bilateral lower extremities. He also complained of aching pain in the upper back rated 4/10. He was currently using Tylenol 3, Voltaren, benazepril and Flovent. The injured worker had a slow, antalgic gait and difficulty with heel/toe maneuver. Lumbar spine exam revealed spasm on extension. Straight leg test was positive. The recommendation was for L4-5 and L5-S1 posterior lumbar interbody fusion with decompression and instrumentation. Authorization was requested for a pain management consult for consideration of lumbar spine epidural steroid injection (ESI) for pain symptoms until surgery could be ascertained.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Consultant: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1993. The worker has been treated with multiple modalities of pain management. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and historical findings do not support this complexity. The medical necessity of a pain management consult is not substantiated in the records. The request is not medically necessary.