

Case Number:	CM15-0051072		
Date Assigned:	03/24/2015	Date of Injury:	05/03/2007
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female, who sustained an industrial injury on 5/3/07. She reported right hip, bilateral knees and head injury. The injured worker was diagnosed as having lumbar radiculitis, lumbar facet arthropathy, lumbar myofascial strain and right piriformis syndrome. Treatment to date has included physical therapy, oral medications, trigger point injections to the lower spine, right trochanteric bursa injection, chiropractic treatment, physical therapy and median branch block. (MRI) magnetic resonance imaging of the right knee was performed on 7/26/13. Currently, the injured worker complains of right sided low back pain and right lower extremity complaint. The injured worker stated her symptoms are improving. She stated her back pain decreased for 3 weeks following trigger point injections. The treatment plan requested authorization for (MRI) magnetic resonance imaging of lumbar spine and ongoing pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Pain Management with PMR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Multidisciplinary pain management programs Page(s): 30.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office visits.

Decision rationale: The claimant sustained a work-related injury in May 2007 and continues to be treated for tight low back and lower extremity pain. Treatments have included injections and medications with abnormal urine drug test results. Office visits are recommended as determined to be medically necessary. In this case, recent trigger point injections have provided some improvement and further treatment may be indicated in order to facilitate a possible return to work plan. Therefore, the request for continued pain management is medically necessary.