

Case Number:	CM15-0084512		
Date Assigned:	05/06/2015	Date of Injury:	02/16/2012
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/02/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 64-year-old male, who sustained an industrial injury on 02/16/2012. On 12/1/2014, it was noted that the low back radicular pain was gone. The pain was noted to be mild and rated 2-6/10 on 1 to 10 scale. On provider visit dated 04/03/2015 the injured worker has reported back pain. On examination, the lumbar spine revealed pain with flexion and extension. There was positive straight leg raising test and Patrick test on the right. The diagnoses have included right L5 radiculopathy, grade 1 degenerative spondylolisthesis, L3-L4 annular tear, right knee arthritis, L4-L5 pseudarthrosis and possible pseudarthrosis. Treatment to date has included chiropractic therapy, physical therapy and medications. He underwent diagnostic studies: x-ray, electromyogram and CT scan. The provider requested consultation with pain management for possible spinal cord stimulator implantation. The medications listed are Celebrex, Flexeril and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that a specialist can refer patients for evaluation and treatment when the diagnosis is too complex or additional expertise is necessary for the treatment of a deteriorating medical condition. They did not show that the patient had failed conservative management with medications and PT. The pain was noted to be mild and rated at 2 to 6 on a 0 to 10 scale indicating non-severity of the condition. It was noted that there was no recent PT treatments. The criteria for referral for Consultation with Pain Management are not medically necessary.