

Case Number:	CM13-0042102		
Date Assigned:	08/22/2014	Date of Injury:	01/22/2007
Decision Date:	09/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year-old male who reported an injury on 01/22/2007 due to lifting a heavy box. Diagnoses included lumbar radiculopathy, spinal stenosis of lumbar region, pain disorder associated with both general medical condition and psychological factors. Past treatments included physical therapy, pain medication, epidural Steroidal injections, and a medial branch block. Diagnostics included MRI's of the lumbar spine on 07/05/2012, 03/23/2007, 05/12/2009, and 06/16/2010. The injured worker underwent a lumbar laminectomy on 10/06/2010 and an unspecified lumbar surgery on 05/19/2014. The clinical note dated 06/19/2014 noted the injured worker complained of low back pain and right leg pain. The physical examination findings included a slow gait, mild tenderness to palpation over the bilateral paralumbar musculature, marked tenderness to palpation of the lower lumbar spine, and tightness and tenderness to palpation to the thighs. The injured worker was able to perform flexion to the knees and extension was normal. The injured worker had a negative heel/toe and squat. The injured worker's medication regimen was not provided within the documentation. The treatment plan was for the transfer of care to a chronic pain specialist for better management of his symptoms. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care, chronic pain specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

Decision rationale: The request for the transfer of care to a chronic pain specialist is not medically necessary. The injured worker has a history of chronic low back and right leg pain. The injured worker has completed conservative care and physical therapy. In addition, the injured worker has had epidural steroidal injections and a medial branch block with minimal results. The Official disability guidelines state the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The guidelines note the determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. There is a lack of documentation indicating prior treatments have failed to decrease the injured worker's pain, as it is noted within the 06/18/2014 clinical note that the injured worker continued to improve. The documentation does not indicate the exact medications the injured worker has been taking for pain management and there is a lack of evidence indicating monitoring for the effectiveness of the medications has occurred. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.