

Case Number:	CM14-0115892		
Date Assigned:	09/23/2014	Date of Injury:	06/17/2014
Decision Date:	10/27/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 with a reported injury on 05/31/2014. The mechanism of injury is cumulative trauma. The injured worker's diagnoses included cervical strain, rule out disc herniation; cervical radiculitis; lumbar strain, rule out disc herniation; lumbosacral radiculitis; and sleep disturbance resulting from chronic pain within the neck and low back. The injured worker's past treatments included medications, acupuncture and chiropractic care. The injured worker's diagnostic testing included a right upper extremity EMG/NCV on 07/08/2014 which revealed right carpal tunnel syndrome and bilateral chronic active C5-6 radiculopathy left greater than right. The injured worker had baseline x-rays on 07/09/2014 which showed degenerative disc disease with small osteophytes at C2-6. The injured worker also had MRIs of the cervical and lumbar spine on 07/22/2014. The injured worker's medications included ibuprofen. The request was for pain management consultation/lumbar spine. The rationale for the request was for the treatment of pain management for cervical strain, cervical radiculitis, lumbar strain, lumbosacral radiculitis, and sleep disturbance due to chronic neck and low back pain. The Request for Authorization form was submitted on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation - Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Chapter 7 Independent Medical Examinations and Consultations page 127,156

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Low Back Complaints, page(s) 303.

Decision rationale: The request for Pain Management Consultation - Lumbar Spine is medically necessary. The clinician documented that a previous request for a pain management consult have been approved but the rendering provider was unable to accept additional workers compensation patients. The California MTUS/ACOEM Guidelines recommend physician followup when a release to modified, increased or full duty is needed or after appreciable healing or recovery can be expected on average. Physician followup might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. It does not specifically address pain management consults, however, physician office visits are recommended. A request for pain management had already been approved, but the providing physician was unable to accept additional workers compensation patients. Therefore, the request for Pain Management Consultation - Lumbar Spine is medically necessary.