

Case Number:	CM14-0145297		
Date Assigned:	09/12/2014	Date of Injury:	06/02/2012
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 47-year-old female who reported an injury on 06/02/2012 due to progressively exacerbating symptoms. Diagnosis was L5-S1 grade 2 spondylolisthesis. The injured worker rated her pain 4/10 to 8/10 in severity. Past treatments were medications and physical therapy. Diagnostic studies were an EMG that revealed no significant evidence of lumbar radiculopathy or nerve root impingement. MRI scan of the lumbar spine revealed L5-S1 grade 2 spondylolisthesis. There was mild L3-4 degenerative disc disease. Physical examination on 06/10/2014 revealed complaints that the pain radiated into the right leg with overall lower extremity weakness. Neurological examination revealed sensation was diminished along the lateral aspect of the left lower extremity; sensation was intact in all other dermatomes. Straight leg raise was negative. Lumbar range of motion was decreased with forward flexion. Strength was diminished on the left with hip flexion. Medications were Naproxen, and Paroxetine. The treatment plan was for pain management evaluation. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6, page 163

Decision rationale: The decision for pain management evaluation is not medically necessary. The ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. The clinical information submitted for review does not provide evidence to justify referral to a pain management for an evaluation. Therefore, this request is not medically necessary.