

Case Number:	CM14-0149109		
Date Assigned:	09/18/2014	Date of Injury:	12/20/2011
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopaedic Surgery 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:

This 33-year-old male sustained an industrial injury on 12/20/11. The mechanism of injury was not documented. Past surgical history was positive for a micro lumbar decompression at L4/5 and L5/S1 on 4/12/12. The 3/17/14 lumbar CT scan conclusion documented apparent post-surgical changes from right hemilaminotomies and mild spondylosis at L4/5 and L5/S1 without significant stenosis. The remainder of the lumbar levels was reported unremarkable. The 6/11/14 pain management report cited on-going grade 6/10 low back and bilateral lower extremity complaints that reduced to grade 4/10 with pain medications. The patient indicated a desire to reduce his pain medication. The treatment plan documented a reduction in the Norco from 10/325 mg to 7.5/325 mg #60 per month, and an increase in gabapentin to 600 mg three times a day, #90 per month. Three refills were given on these medications and the patient was advised to return in 4 months for continued medication management. The 8/13/14 treating physician report indicated that patient had on-going grade 4/10 low back pain with numbness and tingling radiating down the right lower extremity to the foot. Physical exam documented paraspinal tenderness, decreased lumbar range of motion in all planes, decreased right L4, L5, and S1 dermatomal sensation, and positive bilateral mechanical and nerve tension signs. The treatment plan recommended follow-up in 12 weeks and follow-up with pain management. The patient had completed 16 acupuncture visits and 10 chiropractic visits. The 9/8/14 utilization review denied the request for pain management follow-up as the request failed to specify the concerns to be addressed or the purpose for the visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Follow-up in 12 weeks (██████████): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7, pg. 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-80, 91. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guidelines support ongoing management of patients using opioids. Guideline criteria have been met. The patient has been under the care of a pain management physician for medication management with follow-up noted every 4 months. The current medication management treatment plan includes downward titration of opioid medication and upward titration of anti-epilepsy medication. Follow-up for medication management is reasonable and consistent with guidelines. Therefore, this request is medically necessary.