

Case Number:	CM14-0149163		
Date Assigned:	09/18/2014	Date of Injury:	08/08/2012
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 43 year old male who was injured on 8/8/2012. The diagnoses are low back pain and status post lumbar fusion. The patient was treated with epidural steroid injections in 2012 that did not provide significant pain relief. A 2012 MRI of the lumbar spine showed grade 1 anterolisthesis at L5-S1 and severe bilateral neural foramina stenosis at L5-S1. The past surgery history is significant for L5-S1 fusion in 2013 and two revision surgeries. ██████████ noted that the patient continued to have low back pain radiating to the left lower extremity. On 8/25/2014, ██████████ noted that the patient requested muscle relaxant to help with sleep. There was no detail on subjective or objective findings related to the low back pain. The epidural injections from November, 2013 was said to have worn out. The medications listed are hydrocodone and gabapentin for pain and Ambien for sleep. It is unclear if the patient is still utilizing the medications because of reports of non- authorization by the insurance. The UDS of 8/25/2014 was inconsistent with absent hydrocodone and Ambien. A Utilization Review determination was rendered on 9/3/2014 recommending non certification for Consult with Pain Management Physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Pain Management Physician: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 on Independent Medical Examinations and Consults, page 127 Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management Page(s): 87-89.

Decision rationale: The CA MTUS and the ODG guidelines recommend referral for specialist treatment when the diagnosis is uncertain or extremely complex or when the plan or course of care will benefit from additional expertise. The records indicate that the patient is under the care of Orthopedist specialist, [REDACTED] who had already treated the patient with epidural steroid injections and chronic pain medications. It is unclear if the patient is still utilizing the pain medications due to reports of non- authorization. There is no additional expertise that could be provided by a Pain Specialist that had not been utilized in the management of the patient. The criteria for Consultation with Pain Management physician was not met.