

Case Number:	CM14-0156667		
Date Assigned:	09/26/2014	Date of Injury:	02/05/1998
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 77-year-old woman who sustained a work-related injury on February 5, 1998. Subsequently, she developed chronic low back pain. According to the progress note dated August 22, 2014, the patient complained of pain in the lumbar region of the back on the right and on the left. Pain was referred to the posterior aspect of the thigh, posterior aspect of the right lower leg, and right ankle, and the posterior aspect of the left thigh. The pain is rated as moderate-to-severe. The need for pain medications has increased and the pain interferes with sleep more than previously. Mobility is worse. Injections have provided moderate relief in the past but last for a few weeks to months. Aqua-therapy was performed 2-3 years ago. Her physical examination revealed antalgic gait with tenderness in the lumbar spine with restricted range of motion. There is a severe radicular pain into the right lower extremity. Sciatic notch tenderness present on the right. Right hip and thigh: palpation normal; muscle strength: hip flexors +4/5, hip extensors +4/5. Right knee and lower leg: palpation normal; full range of motion without pain; muscle strength: knee flexors at +4/5, knee extensors at +4/5, ankle extensors at +5/5, and ankle flexors at 5/5. Left hip and thigh: normal inspection/palpation, range of motion, muscle strength and tone, and stability. The patient was diagnosed with lumbar spondylosis, post laminectomy syndrome, and sciatica. The provider requested authorization for pain management counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation and ongoing treatment with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Imm.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)". There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management Counseling evaluation is not medically necessary. The provider requested the consultation for a possible radiofrequency ablation, however there is no documentation of a positive response to a diagnostic medial branch block. Therefore, the request for pain management evaluation, and ongoing treatment with [REDACTED] is not medically necessary.