

Case Number:	CM14-0160696		
Date Assigned:	10/06/2014	Date of Injury:	06/27/2011
Decision Date:	11/07/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple prior lumbar spine surgeries; unspecified amounts of physical therapy; and earlier interventional spine procedures. In a Utilization Review Report dated September 5, 2014, the claims administrator partially approved a pain management consultation, evaluation, and treatment as a pain management consultation alone. Non-MTUS ODG guidelines were invoked, despite the fact that the MTUS did address the topic. In an August 26, 2014 progress note, the applicant reported persistent complaints of low back pain, 4/10. The applicant was not working, it was acknowledged. The applicant was using Norco and Lyrica. Authorization for facet injections and epidural steroid injection therapy was sought, while the applicant was given a refill of Norco. On July 17, 2014, the applicant was placed off of work, on total temporary disability following earlier cervical spine surgery. 4/10 pain was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation, Evaluation and treatment.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (last updated 07/10/2014), Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1..

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has tried and failed various operative and nonoperative remedies, including earlier lumbar spine surgery, earlier cervical spine surgery, physical therapy, injection therapy, opioid therapy, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, is therefore, indicated. Accordingly, the request Pain Management Consultation, Evaluation and treatment is medically necessary and appropriate.