

Case Number:	CM14-0084979		
Date Assigned:	07/23/2014	Date of Injury:	01/04/2011
Decision Date:	09/30/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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:

This is a 62-year-old male with a 1/4/11 date of injury. The mechanism of injury occurred when the patient was pulling a load and he strained his back. According to a progress report dated 2/20/14, the patient complained of having a lot of pain. He complained of feeling light-headed, neck pains, and headaches. He stated that he also had pain in his left scapular area to the left butt and thigh, spasms in the legs, and disturbed sleep due to his pain. He rated his pain level as 5-8/10. The patient was seeing a pain management doctor who referred him to a neuro-surgeon. Objective findings: patient looked kyphotic and cachectic and chronically ill, very stiff and moves slowly, SI punch tenderness to the spine, decreased pinprick on a dermatome of the skin of lateral tibial area and dorsal foot, decreased strength of foot and knee. Diagnostic impression: spondylolisthesis, cachexia, back pain, neck pain, knee pain, shoulder pain, osteopenia, aortic disorder, insomnia. Treatment to date: medication management, activity modification, ESI.A UR decision dated 5/22/14 modified the request for pain management and a second opinion with neurosurgeon to authorize a second opinion with neurosurgeon. The patient is already seeing a pain management doctor. The referral would be somewhat redundant at the time and since the patient has already been seeing pain management and the pain management has apparently has failed, this request does not seem prudent and supported for medical necessity based on the lack of overall documented efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management and a second opinion with a neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists 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. It is documented that the patient has already had a pain management consultation as well as a neurosurgeon consultation. There was no rationale provided as to what an additional consultation would accomplish. Therefore, the request for Pain management and a second opinion with a neurosurgeon was not medically necessary.