

Case Number:	CM14-0095598		
Date Assigned:	07/25/2014	Date of Injury:	08/16/1999
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 64-year-old female who reported an injury on 08/16/1999. The mechanism of injury is unknown. Diagnoses included severe disc desiccation, degenerative disc and facet disease, moderate to severe central and foraminal stenosis L3-4, central disc herniation with moderate to severe central and foraminal stenosis at L4-5, disc desiccation with mild to moderate foraminal stenosis L5-S1, and L2-3 disc bulge with central and foraminal stenosis and rule out internal derangement right knee. Past treatments included medications, diagnostic studies, and urine drug screens. Diagnostic studies included a lumbar MRI on 05/19/2014, a nerve conduction study on 06/04/2014, and urine drug screens on 03/03/2014, 12/05/2013 and 08/26/2013. Surgical history was not provided. On 06/04/2014 the injured worker was seen for chronic low back and leg pain. She complained of chronic urinary leakage which was improved with Elmiron. Examination of the lumbar spine revealed restricted motion and muscle spasms. Medications included Lorzone 750 mg 1 twice a day for spasm, Nucynta ER 50 mg 1 every 12 hours for severe pain, Lyrica 50 mg 1 every morning, Lyrica 150 mg 1 at night, Motrin 800 mg 1 three times a day as needed for pain, BioFreeze gel applied as directed twice a day, Elmiron 100 mg 1 three times a day for bladder issue, and Ultram 50 mg 1 twice a day for breakthrough pain. The injured worker denied adverse effects of the medication. Medications improved her level of pain and activity. The treatment plan was to continue with medications, continue conservative options, continue to monitor, and await pending authorization for pain management. The request is for pain management treatment of the lumbar spine. The rationale was not provided. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Treatment of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain management programs Page(s): 32-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The request for pain management treatment of the lumbar spine is non-certified. The injured worker has a history of back pain. The California MTUS guidelines state that outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met; an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. There are clinical notes as to the injured worker received 12 pain management reevaluation/follow up visits from 12/03/2012 to 12/19/2013. It is unclear if the injured worker continued receiving treatment after this time. There is lack of documentation stating the session had ended. As such, the request is non-certified.