

Case Number:	CM14-0214046		
Date Assigned:	12/31/2014	Date of Injury:	06/30/2011
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient sustained an injury on 6/30/11 while employed by [REDACTED]. Request(s) under consideration include Pain management evaluation and treatment. Diagnoses include lumbago/ lumbar radiculopathy/ lumbosacral spondylosis without myelopathy s/p lumbar L2-3 fusion on 4/30/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued low back pain; taking Advil and Norco. Exam showed mild distress; negative bilateral SLR at 90 degrees; no pain over lumbar intervertebral spacs or S1 area; palpable twitch trigger points in paralumbar spinous muscles diffusely; range of flex/ext at 60/5 degrees with intact sensation and motor strength in upper and lower extremities. The request(s) for Pain management evaluation and treatment was non-certified on 11/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation and treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request(s) for Pain management evaluation and treatment was non-certified on 11/25/14. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged non-complex medication profile of single dose Norco for years. Submitted reports have not adequately demonstrated any clear or specific indication or diagnoses indicative of a pain consultation for uncomplicated low back pain under the care of the orthopedic provider. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The Pain management evaluation and treatment is not medically necessary and appropriate.