

Case Number:	CM14-0215081		
Date Assigned:	01/02/2015	Date of Injury:	06/14/2004
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
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 & Rehabilitation

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 51-year-old male with an injury date of 06/14/2004. Based on the 09/08/2014 progress report, the patient complains of chronic severe low back pain, anxiety, and depression. He has a history of L4-L5 and L5-S1 lumbar fusion surgery in 2008. No further positive exam findings are provided on this report. The patient is currently taking Norco, hydrocodone, Soma, Nuvigil, Latuda, mercaptopurine, allopurinol, Remicade, and Asacol. The patient's diagnoses include the following: 1. Status post prior spinal fusion surgery L4-L5 and L5-S1 in 2008. 2. Degenerative disk disease of the lumbar spine. The utilization review determination being challenged is dated 11/19/2014. There are two treatment reports provided from 09/08/2014 and 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with chronic severe low back pain. The request is for a PAIN MANAGEMENT CONSULT of the lumbar spine. The utilization review denial rationale is that There is no documentation of any indication or plan for interventional pain procedures at this point. There is no evidence of any need for pain medication management. The report with the request is not provided. ACOEM page 127, states “The occupational health practitioner may refer to other specialist if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise.” MTUS page 8 also requires that the treater provide monitoring of the patient’s progress and make appropriate recommendations. The patient is currently taking Norco, hydrocodone, Soma, Nuvigil, Latuda, mercaptopurine, allopurinol, Remicade, and Asacol. The patient suffers from chronic low back pain and medication management appears reasonable. The requested pain management consultation IS medically necessary.