

Case Number:	CM15-0010357		
Date Assigned:	01/27/2015	Date of Injury:	02/09/2007
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old male, who sustained a cumulative trauma industrial injury ending on 02/09/2007. The diagnoses have included status post anterior and posterior cervical discectomy and fusion C2-C6 with residual symptoms, bilateral upper extremity radiculopathy, L4-S1 bilateral disc herniations with high grade foraminal stenosis and compression of the S1 nerve roots, and bilateral lower extremity radiculopathy. Treatments to date have included cervical spine surgery, physical therapy, and medications. Diagnostics to date have included lumbar spine MRI on 09/14/2012 showed 1mm central disc bulge at L3-4 with small lateral disc osteophyte complexes of 2mm, mild facet arthrosis and bilateral foraminal stenosis, mild bilateral facet arthropathy at L4-5, a 3mm posterior disc bulge at L5-S1 with mild facet arthropathy, ligamentum flavum infolding, and larger lateral disc bulges extending slightly into the foraminal area of 4mm with mild lateral recess stenosis. In a progress note dated 11/19/2014, the injured worker presented with complaints of continued pain and stiffness to his cervical spine radiating down both arms with numbness, tingling, and weakness to the upper extremities and persistent and increasing pain and stiffness to his lumbar spine radiating down both legs with numbness and tingling into both lower extremities. The treating physician reported requesting authorization for continued treatment with his pain management physician for medication management and is a very strong candidate for lumbar spine surgery. Utilization Review determination on 12/18/2014 non-certified the request for Pain Management Lumbar Spine citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: <Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach : (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management lumbar spine is not medically necessary.