MAXIMUS Federal Services

Case Number:	CM15-0013005		
Date Assigned:	01/30/2015	Date of Injury:	05/17/2007
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male, who sustained a work/ industrial injury as a welder mechanic on 5/17/07 while lifting steel plates. He has reported symptoms of pain in the low back and left leg with numbness to buttock and left foot. Prior medical history was not documented. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbosacral joint sprain, post surgical arthrodesis status. Surgery included lumbar diskectomy at L5-S1 on 11/2009 and L5-S1 decompression and fusion on 6/6/13. Treatment to date has included physical therapy, epidural blocks, chiropractic care, acupuncture, and a narcotic analgesic. Diagnostics included an MR I on 4/8/08 that reported L5-S1 disc level with 5-6 mm posterior disc protrusion, disc desiccation, spondylosis, and mild bilateral hypertrophic facet changes, patent neural foramina. Medication taken for severe pain was Norco four times daily with inability to wean off. Examination per the physician's report noted strength of 5/5 in the bilateral lower extremities, with intact sensation. A request was made for pain management consultation and treatment. On 1/8/15 Utilization Review modified a Pain Management Consultation and Treatment to Pain Management Consultation only, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines as well as American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for pain management consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears that the provider has attempted to wean the patient off of opioids, but has been unable to do so. As such, consultation with pain management would be appropriate. However, a non-specific request for treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the consultation and the specific treatment being requested at that time. Unfortunately, there is no provision to modify the request to consultation only as was done by the utilization reviewer. In light of the above issues, the currently requested pain management consultation and treatment is not medically necessary.