

Case Number:	CM15-0014349		
Date Assigned:	02/02/2015	Date of Injury:	05/27/2008
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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: Preventive Medicine, Occupational 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 57 year old male who sustained an industrial related injury on 5/27/08 after a fall. The injured worker had complaints of neck and low back pain that radiated to the left buttock, shoulder, and leg. Treatment included physical therapy, chiropractic treatments, a cortisone injection to the low back, epidural steroid injections, and lumbar spine surgery on 5/18/12. Diagnoses included lumbar myalgia, lumbar myospasm, left-sided lumbar neuritis/radiculitis, and was status post lumbar spine surgery. The treating physician requested authorization for pain management for the lumbar spine. On 1/9/15 the request was non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and the medical records indicated Norco was being weaned off. The UR physical also noted first line treatment for neuropathic pain had not been tried and it is not clear what a pain management consultation for medication management would add if opioid medications are being weaned off. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Although referrals to specialists are supported by the MTUS Guidelines, the requesting physician does not indicate why this referral is necessary. The injured worker is noted to have poorly controlled pain and there have been concerns of aberrant drug behavior. It would be speculative at best to determine the intentions of this referral. Medical necessity of this request has therefore not been established within the recommendations of the MTUS Guidelines. The request for Pain Management Consult for the lumbar spine is determined to not be medically necessary.