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| Case Number: | CM15-0113205 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 07/03/2014 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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 44 year old male who sustained an industrial injury on 7/3/14. The injured worker was diagnosed as having sprain lumbar region, lumbosacral neuritis and overexertion from sudden movement. Currently, the injured worker was with complaints of low back pain with radiation to the right lower extremity. Previous treatments included physical therapy and medication management. Previous diagnostic studies included a magnetic resonance imaging (10/15/14) revealing a minimal annular bulging L3-4, moderate diffuse posterior disc protrusion L4-5 with central annular tearing and broad based disc protrusion at L5-S1. The plan of care was for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation. The injured worker is diagnosed with low back pain that has improved with the use of conservative measures. A request for epidural steroid injection (ESI) has been denied, therefore, the request for pain management is not warranted. The request for pain management consult is determined to not be medically necessary.