

Case Number:	CM15-0115380		
Date Assigned:	06/23/2015	Date of Injury:	05/22/2014
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Emergency 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 43-year-old female, who sustained an industrial injury on 5/22/14. She reported low back and left knee pain. The injured worker was diagnosed as having neck sprain, cervicgia, lumbar intervertebral disc disorder with myelopathy, and sciatica. Treatment to date has included chiropractic treatment, physical therapy, and medication including Baclofen, Gabapentin, Norco, and topical medication. Currently, the injured worker complains of neck pain that radiates to bilateral shoulders and low back pain that radiates to the left leg with numbness. The treating physician requested authorization for a follow-up evaluation for the low back injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation for the low back injury: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT), Topical Analgesics, Compounded, Baclofen, Opioids, Anti-epilepsy Drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: pain (Chronic) (updated 04/30/15) Regarding office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87.

Decision rationale: The patient is a 43-year-old female who sustained an injury in May of 2014. Subsequent diagnosis includes cervicalgia, lumbar disc disease with myelopathy and sciatica. She has been treated with physical therapy, chiropractic care, topical and oral medications. She continues to have ongoing chronic pain. The request is for a follow-up evaluation to be performed. The MTUS guidelines do state that for patients on opioids, monitoring and documentation of pain relief, functional status, and side effects is advised. "Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment" Due to the above-mentioned reasons, the request is medically necessary.