

Case Number:	CM15-0117330		
Date Assigned:	06/25/2015	Date of Injury:	11/12/2009
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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 51-year-old male who sustained a work related injury November 12, 2009. Past history included hypertension and diabetes. An MRI of the lumbar spine January 2014,(report present in the medical record) revealed L2-3 grade I retrolisthesis with a 4 mm disk osteophyte narrowing the right lateral recess and right L3 nerve root. At L3-4, there is a 3 mm disc osteophyte complex with some degree of foraminal narrowing bilaterally. At L4-5, I anterolisthesis with a 3 mm disc bulge facet and ligamentous changes, foraminal narrowing and likely impingement of the exiting L5 nerve root a grade. According to a primary treating physician's progress report, dated June 3, 2015, the injured worker presented with increasing pain in the lower back. He is having difficulty driving due to the sharp intermittent pain. Current medication for pain included Motrin and Norco sparingly. Objective findings included; moderate tenderness and spasm of the left lower spine, flexion 45 degrees, extension 0 degrees and painful. Straight leg raise is 90 degrees without referred pain and bilateral facet load test is positive. Diagnoses are sprain/strain of the lumbar region; lumbar radiculopathy; spinal stenosis; osteoarthritis of back. At issue, is the request for authorization 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 Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment of the lumbar spine pain, 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, the patient has ongoing pain in the lumbar spine that is recently flared up and has not responded well to conservative treatment with oral medication. The patient has known lumbar disc disease found on MRI. Specialty consultation with a physiatrist may help to clarify these issues. As such, the currently requested referral to pain management for consultation and treatment of the lumbar spines is medically necessary.