

Case Number:	CM15-0126888		
Date Assigned:	07/17/2015	Date of Injury:	04/19/2013
Decision Date:	08/12/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 30-year-old male who sustained an industrial injury on 04/19/2013. Diagnoses include lumbar spine sprain/strain with symptoms of left lower extremity radiculitis and symptoms of anxiety, depression and insomnia. Treatment to date has included medication, acupuncture, psychological care and home exercise program. According to the progress notes dated 6/2/15, the IW reported no changes in his low back or left leg pain; left leg burning and numbness to the left foot continued. The provider noted the IW was taking at least four Norco per day and advised him to use NSAIDs for pain to help decrease opioid use. On examination, the lumbar spine was tender to palpation and spasm were noted on the left side. Sensation was diminished to the left lateral thigh and lateral and posterior left leg. Lower extremity distal pulses and muscle strength were normal. A request was made for anesthesia pain treatment for wean down from narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia pain treatment for narcotic weaning: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The request is for pain management consult to assist in weaning from medications. The documentation however does not show a failure by the primary treating physician to wean medications and therefore the request is not medically necessary.