

Case Number:	CM15-0063296		
Date Assigned:	04/09/2015	Date of Injury:	02/11/2011
Decision Date:	05/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 29 year old male, who sustained an industrial injury on 2/11/2011. He reported a lifting type injury to the low back. He subsequently was diagnosed with cauda equina syndrome and underwent decompression, laminectomy, and disc removal of the lumbar spine 2/24/11 and revision on 8/17/11. There was additional surgery completed on the lumbar spine in 2012 and a lumbar fusion in 2013. Diagnoses include Cauda Equina Syndrome, incomplete neurogenic bladder and bowel, neuropathic pain, adjustment disorder, and chronic pain. Treatments to date include medication therapy and acupuncture treatments. Currently, he complained of continued low back pain with radiation to bilateral low extremities and improvement in pain from acupuncture treatments. On 2/3/15, the physical examination documented weakness and tightness among bilateral lower extremities and decreased lumbar range of motion. The plan of care included acupuncture treatment and twelve additional pain management sessions with continued medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness & stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316 and Chapter 7 IME and Consultations, page 127.

Decision rationale: The patient is a 29 year old male with an injury on 02/11/2011. He had cauda equina syndrome and had a decompression, laminectomy and spinal fusion. He's had spine surgery in 2011, 2012 and 2013. He has incomplete neurogenic bladder and bowel, chronic pain and adjustment disorder. He continues to have lumbar radiculopathy. Pain is improved with acupuncture. He is treated with medication and has had pain management sessions. Pain management visits are not a specialty treatment similar to an IME or a field of specialty study for continued consultations as per Chapter 7 in ACOEM. He already had pain management consultation and follow up. Recommendations can be followed by his physician. Additional 12 visits for pain management are not medically necessary.

Amitriptyline 50 mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline and Antidepressants Page(s): 13 and 13 - 16.

Decision rationale: The patient is a 29 year old male with an injury on 02/11/2011. He had cauda equina syndrome and had a decompression, laminectomy and spinal fusion. He's had spine surgery in 2011, 2012 and 2013. He has incomplete neurogenic bladder and bowel, chronic pain and adjustment disorder. He continues to have lumbar radiculopathy. Pain is improved with acupuncture. He is treated with medication and has had pain management sessions. The patient has cauda equina syndrome, lumbar radiculopathy and neuropathic pain. MTUS Chronic Pain guidelines note that Amitriptyline is first line recommended treatment for neuropathic pain; it is medically necessary for this patient.