

Case Number:	CM15-0074502		
Date Assigned:	04/24/2015	Date of Injury:	12/22/1997
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 59 year old female, who sustained an industrial injury on 12/22/97. She reported pain in her lower back and lower extremities. The injured worker was diagnosed as having status post left sacroiliac joint fusion, left-sided trochanteric bursitis, chronic left lower extremity radiculopathy and status post laminectomy syndrome. Treatment to date has included a trigger point injection and pain medications. As of the PR2 dated 3/11/15, the injured worker reports ongoing lower back pain. She indicated that the pain is now occurring on the right as well as the left and she is experiencing muscle spasms. The treating physician noted only temporary relief from previous trigger point injections and no other surgical options. The treating physician requested an evaluation and treatment with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311.

Decision rationale: This 59 year old female has complained of low back pain and lower extremity pain since date of injury 12/22/97. She has been treated with surgery, trigger point injections and medications. The current request is for evaluation and treatment with pain management. There is inadequate documentation of previous therapies tried and response to those therapies. Additionally, there is inadequate documentation regarding provider expectations from a pain management consultation. On the basis of the available medical records and MTUS guidelines cited above, pain management consultation is not indicated as medically necessary.