

Case Number:	CM15-0075214		
Date Assigned:	04/27/2015	Date of Injury:	03/09/2014
Decision Date:	07/14/2015	UR Denial Date:	03/13/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 59-year-old male who sustained an industrial injury to the low back on 03/09/2014. Diagnoses include lumbar strain/sprain with degenerative disc disease and degenerative joint disease with mild central canal stenosis with neural foraminal narrowing bilaterally with complaint of radiculopathy on the left side. Treatment to date has included medications, physical therapy, TENS unit, acupuncture and home exercise. According to the progress notes dated 1/22/15 the IW reported his low back symptoms were unchanged and he wanted to continue working his regular duties. On examination, lumbar spine flexion was 80 degrees, extension 10 degrees and lateral bending 10 degrees, bilaterally. Straight leg raise was negative, as was FABER test. An MRI of the lumbar spine on 5/2/14 showed multilevel central canal and/or neural foraminal stenosis due to disc protrusion, facet arthropathy and hypertrophy of the ligamentum flava. A request was made for an outpatient pain management consultation due to continuation of symptoms refractory to conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section, Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. The injured worker has taken Norco since at least 01/2015 and has been treated with multiple conservative measures to include physical therapy, acupuncture and TENS unit without changes in pain level or function. The request for pain management evaluation is medically necessary.