

Case Number:	CM15-0076763		
Date Assigned:	04/28/2015	Date of Injury:	05/31/2013
Decision Date:	06/30/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

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 46 year old male, who sustained an industrial injury on May 31, 2013 while working as a maintenance technician. The injury occurred when the injured worker was lifting and pushing a refrigerator with a co-worker. The injured worker has been treated for low back complaints. The diagnoses have included lumbar disc protrusion, lumbar spine annular tear, lumbar spine spondylotic changes, lumbar spine canal stenosis, axial low back pain and lumbar facet arthropathy bilaterally. Treatment to date has included medications, radiological studies, chiropractic treatments, acupuncture treatments, medial branch blocks, radiofrequency ablation, a transcutaneous electrical nerve stimulation unit and physical therapy. Current documentation dated March 13, 2015 notes that the injured worker reported constant moderate sharp low back pain. Examination of the lumbar spine revealed tenderness and a decreased range of motion. A Kemp's test caused pain and a straight leg raise test was noted to be negative. The treating physician's plan of care included a request for pain management for the lumbar spine due to ongoing pain not responding to therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for lumbar spine due to ongoing pain not responding to therapy:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Second Edition (2004), Chapter 7, page 127 - Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in May 2013 and continues to be treated for low back pain. When seen, he was having ongoing constant moderate sharp back pain. Physical examination findings included decreased lumbar spine range of motion and positive Kemp's test with negative straight leg raising. He had been seen for a neurosurgery evaluation and diagnosed with radiculopathy and an epidural steroid injection had been recommended. Urine drug screening has been consistent with the prescribed medications. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing pain despite these treatments currently being provided. He appears compliant with the prescribed medications. An epidural steroid injection might be an option in his treatment. Therefore, a referral for a pain management consultation is medically necessary.