

Case Number:	CM15-0091806		
Date Assigned:	05/18/2015	Date of Injury:	06/05/1998
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, Florida, 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 is a 60 year old female who reported an industrial injury on 6/5/1998. Her diagnoses, and/or impressions, are noted to include: lumbar spine strain, status-post lumbosacral foraminotomy (1999) and lumbosacral fusion with screws (2002). Recent magnetic imaging studies of the lumbar spine were stated to have been done on 1/12/2015, revealing scoliosis with extensive post-surgical changes, and mild-moderate, bilateral, multi-level facet disease without herniation or significant stenosis. Her treatments have included an agreed medical examination; medication management; and rest from work. The progress notes of 3/17/2015 noted complaints of intermittent moderate low back pain, managed by pain medications, prescribed by her Internist, which she no longer wants to take. The objective findings were noted to include para-lumbar musculature tenderness; positive right straight leg raise; muscle spasms; and painful range-of-motion. The physician's requests for treatments were noted to include a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation chronic pain disorder medical treatment guidelines, state of Colorado dept of labor and employment page 56.

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, page 127.

Decision rationale: Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. This claimant was injured in 1998. There is scoliosis, and post surgical issues. She continues with pain, and the pain issues are to this reviewer sufficiently complex to support a pain medicine specialist review as she no longer wants to take oral medication. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Although the relation of this ongoing pain to the original injury is not clear, there is sufficient clinical reasonableness to certify the request due to case complexities. The request is certified. Therefore, the requested treatment is medically necessary.