

Case Number:	CM15-0092739		
Date Assigned:	05/19/2015	Date of Injury:	01/10/2013
Decision Date:	09/30/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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 a 51-year-old male who sustained an industrial injury on January 10, 2013 resulting in radiating low back pain. Diagnoses have included chronic lumbago; lumbar disc degeneration, stenosis, and facet arthropathy; and, left leg radiculopathy. Documented treatment includes medication including Ibuprofen, Duexis which is stated to be helpful, and Tramadol. The injured worker continues to present with constant low back pain which the Physician's Report of states has failed to improve since the injury. The treating physician's plan of care includes a pain management consultation. Current work status was temporarily partially disabled and she was to be on modified duty as of April 24, 2015.

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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

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-related injury in January 2013 and is being treated for radiating low back pain. An MRI is referenced as showing slight disc bulging and mild facet arthropathy with mild left lateral recess stenosis at L4-5. A multilevel lumbar decompression has been requested. When seen, the claimant was having radiating pain into the left lower extremity rated at 7-8/10. There was a mildly antalgic gait. There was decreased lower extremity strength with positive straight leg raising. A pain management consultation is being requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with left lower extremity radicular symptoms and findings by MRI that correlate with these symptoms. There is decreased lower extremity strength with positive straight leg raising. Surgery is being considered. An epidural steroid injection or other treatment might be an option in the claimant's care. Requesting a referral to pain management is appropriate and medically necessary.