

Case Number:	CM14-0041145		
Date Assigned:	06/30/2014	Date of Injury:	03/31/2006
Decision Date:	09/19/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 31, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; earlier lumbar laminectomy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 1, 2014, the claims administrator denied a request for a pain management consultation, denied a request for multiple epidural steroid injections, approved a request for a follow-up visit, denied an internal medicine consultation, denied an internal medicine consultation, denied an orthopedic consultation, and conditionally denied a psychological consultation. The claims administrator stated that the applicant had had prior epidural steroid injection and had to profit from the same. The claims administrator apparently invoked non-MTUS Colorado Guidelines to deny the request for a pain management consultation. In a March 19, 2014 office visit, the applicant reported multifocal complaints of headaches, chest pain, shoulder pain, anxiety, depression, neck pain, upper back pain, lower back pain, and insomnia. The applicant was using Vicodin, Ambien, Celexa, Ketoprofen, Fanatrex, and topical compounds, it was stated. The applicant was asked to obtain a pain management consultation for chronic low back pain, obtain an internal medicine consultation for abdominal pain, obtain a psychiatric consultation for anxiety and depression owing to chronic pain, and also obtain an orthopedic consultation, also apparently for low back pain. The issues with abdominal pain, however, were not clearly described or clearly recounted in the progress note. While the treating provider suggested that the applicant could have developed abdominal pain secondary to medication consumption, the treating provider, a chiropractor/acupuncturist, did not state what medications were responsible for generating symptoms. In an earlier progress note dated February 19, 2014, the applicant presented with persistent complaints of low back pain. The

primary treating provider, a chiropractor and an acupuncturist, acknowledged that the applicant was status post an earlier epidural steroid injection on June 10, 2013. Multifocal complaints of headaches, neck pain, shoulder pain, upper back pain, and lower back pain were reported, 6-7/10. The applicant also had issues with psychological distress and sleep disturbance, it was stated. A pain management consultation, a follow-up visit, internal medicine consultation to address abdominal pain secondary to pain medications, and a psychiatric consultation were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consultation with [REDACTED] between 3/18/2014 and 5/4/2014.:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability owing to a variety of chronic pain complaints. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, is indicated, given the failure of other treatments. Therefore, the request is medically necessary.

1 Request for lumbar epidural injections between 3/18/2014 and 5/4/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request in question represents a request for repeat epidural steroid injection therapy. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and/or functional improvement achieved with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability, despite having undergone at least one prior epidural steroid injection. The applicant's pain complaints appear to be heightened, as opposed to reduced, despite earlier epidural injection therapy. The applicant remains highly reliant and highly dependent on various oral and topical agents, including Vicodin, Ambien, Celexa, Ketoprofen, Fanatrex, etc. All of the above, taken together, suggest a lack of functional

improvement as defined in MTUS 9792.20f, despite at least one prior epidural block. Therefore, the request for further epidural steroid injections is not medically necessary.

1 Internal medicine consultation between 3/18/2014 and 5/4/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back-Lumbar and Thoracic (Acute & Chronic); American Medical Directors Association (AMDA). Gastrointestinal disorders. Columbia (MD): American Medical Directors Association (AMDA); 2006. 28p.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, the applicant's primary treating provider (PTP) has failed to elaborate on the need for the internal medicine consultation. While the primary treating provider did report that the internal medicine consultation was being sought for abdominal pain secondary to pain medications at the bottom of the report, this issue was not mentioned in the body of any of the progress notes cited above. The primary treating provider did not elaborate or expound on which medication or medications was generating abdominal pain (if any). The primary treating provider did not state how long the symptoms of abdominal pain (if any) have been present and/or what the extent, magnitude, and/or severity of the same was. Again, there was no mention of any issues with dyspepsia in the body of the cited progress notes. Therefore, one (1) Internal medicine consultation is not medically necessary.

1 Follow-up for an orthopedic consultation with [REDACTED] between 3/18/2014 and 5/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 306, applicants without finding of serious conditions or significant nerve root compromise rarely benefit from either surgical consultation or surgery. In this case, the applicant does not appear to be a surgical candidate. The applicant does not have lesion amenable to surgical correction insofar as the lumbar spine is concerned. The applicant is not, thus, an individual who is likely to benefit from the proposed orthopedic consultation. Therefore, one (1) Follow-up for an orthopedic consultation with [REDACTED] is not medically necessary.