

Case Number:	CM14-0204005		
Date Assigned:	12/16/2014	Date of Injury:	09/15/1999
Decision Date:	10/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 49 year old male who sustained an industrial injury on 09/15/1999. Medical records indicate the worker is being treated for ongoing discopathy and radiculopathy with diagnoses that include lumbar disc herniation. According to provider notes of 10-27-2014, he has multilevel disc involvement with annular tears at L2-L2, and L2-L3 levels. Treatment to date has included Lodine and Neurontin, facet blocks, and an epidural directed at the lower lumbar levels around L4 and L5. In the provider notes of 10-27-2014, the injured worker complains of pain in his low back, felt more on the right side. Objectively, he ambulates with a forward-flexed gait and is unable to extend into a neutral position. He has moderate spasm and tenderness. His straight leg raise is negative, but it gives him back, buttock, and even testicular pain. He has diminution to light touch and pinprick across the lower abdominal area radiating into the testicles. The treatment plan is to stop the gabapentin, trial Lyrica and continue Lodine. The treatment plan also includes a stat pain management consultant and a diagnostic MRI. A request for authorization was submitted for a Consult with pain specialist regarding radiofrequency ablation. A utilization review decision 11-12-2014 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with pain specialist regarding radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. Per the medical records, it is noted that the injured worker underwent a facet block on 4/23/13 which was not considered diagnostic because of the use of Versed. Subsequently, radiofrequency ablation was denied. The request for consult with pain specialist is not medically necessary.