

Case Number:	CM13-0000435		
Date Assigned:	03/03/2014	Date of Injury:	02/22/2013
Decision Date:	04/11/2014	UR Denial Date:	05/14/2013
Priority:	Standard	Application Received:	05/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 2/22/13. A utilization review determination dated 5/14/13 recommends non-certification of consult and treat with PM&R as the patient presents with improved pain complaints despite having stopped PT and not taking any medication. 5/1/13 medical report identifies low back pain that is noted to be a lot better, with the patient pain free for 7-10 days. He opted to self discontinue PT. He is not taking any medications, but does not feel like he is ready to try going back to work. No abnormal exam findings are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT AND TREATMENT WITH PHYSICAL MEDICINE AND REHABILITATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CLINICAL TOPICS, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127, 156; Official Disability Guidelines (ODG); Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine, Independent Medical Examinations and Consultations , 127

Decision rationale: Regarding the request for CONSULT AND TREATMENT WITH PHYSICAL MEDICINE AND REHABILITATION, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient is noted to have discontinued PT and was taking no medication while being pain free for 7-10 days prior to the request. His exam findings are normal. The patient did not feel that he was ready to try going back to work. As the patient was pain free with normal exam findings despite no treatment, there is no clear indication for a consultation with PM&R. Additionally, an open-ended recommendation for treatment is not supported and there is no provision for modification of the current request. In light of the above issues, the currently requested CONSULT AND TREATMENT WITH PHYSICAL MEDICINE AND REHABILITATION is not medically necessary.