

Case Number:	CM13-0010851		
Date Assigned:	09/19/2013	Date of Injury:	09/30/2011
Decision Date:	03/12/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is a 63-year-old male who reported an injury on 10/26/1993. The mechanism of injury was not provided in the medical records. The patient's diagnosis is chronic back pain. The patient's symptoms are noted to include low back pain with muscle spasm, tenderness over the posterior iliac spine, and trigger points with radiating pain and a twitch response over the lumbar paraspinal muscles on the left side. It is documented that the patient is stable on his medications with no side effects. His medications are noted to include Zanaflex 4 mg 1 to 2 at bedtime as needed, Soma 3 times a day as needed, oxycodone 15 mg 4 times a day as needed, OxyContin 60 mg 3 times a day, and Colace 250 mg twice a day. His diagnoses included chronic low back pain and sacroiliac pain bilaterally. The patient's treatment plan included continued use of medications and participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Internal medicine consult, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The requested internal medicine consult for the low back is not medically necessary or appropriate. The [REDACTED] recommends specialty consultations when additional expertise would benefit treatment planning for patient. The clinical documentation submitted for review does not provide any evidence that the patient's treatment plan requires additional input from a specialty consult with an internal medicine physician. The clinical documentation does not provide any evidence of abnormalities that would support the need for this specialty consultation. As such, the requested internal medicine consult for the low back is not medically necessary or appropriate.

Decision for Pain management consultation, follow-up low back: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Frequency of Visits While in the Trial Phase (first 6 months) Page(s): 79.

Decision rationale: The requested pain management consultation follow-up for the low back is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has chronic pain that is managed by medications that must be monitored. California Medical Treatment Utilization Schedule recommends patients who are on medications that are considered controlled substances be seen at least monthly, quarterly, or semi-annually. Therefore, the need for additional pain management consultations would be supported.

Decision for Psychology consultation, low back: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

Decision rationale: The requested psychology consultation for the low back is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has chronic pain. California Medical Treatment Utilization Schedule recommends psychological evaluations for patients identified with chronic pain that are at risk for delayed recovery. Due to the length of the patient's injuries and the chronicity of the patient's condition, a psychological evaluation would be indicated. As such, the requested psychological consultation for the low back is medically necessary and appropriate.

Decision for Cardiology consultation, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 163.

Decision rationale: The requested cardiology consultation for the low back is not medically necessary or appropriate. The [REDACTED] recommends specialty consultations when additional expertise would benefit treatment planning for patient. The clinical documentation submitted for review does not provide any evidence that the patient's treatment plan requires additional input from a specialty consult with a cardiologist. The clinical documentation does not provide any evidence of abnormalities that would support the need for this specialty consultation. As such, the requested cardiology consultation for the low back is not medically necessary or appropriate.

Decision for Neurologist consultation, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 163.

Decision rationale: The requested neurologist consultation for the low back is not medically necessary or appropriate. The [REDACTED] recommends specialty consultations when additional expertise would benefit treatment planning for patient. The clinical documentation submitted for review does not provide any evidence that the patient's treatment plan requires additional input from a specialty consult with a neurologist. The clinical documentation does not provide any evidence of abnormalities that would support the need for this specialty consultation. As such, the requested neurologist consultation for the low back is not medically necessary or appropriate.

Decision for Pulmonology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The requested pulmonary consultation is not medically necessary or appropriate. The [REDACTED] recommends specialty consultations when additional expertise would benefit treatment planning for patient. The clinical documentation submitted for review does not provide any evidence that the patient's treatment plan requires additional input from a specialty consult with pulmonologist. The clinical documentation does not provide any evidence of abnormalities that would support the need for this specialty consultation. As such, the requested pulmonary consultation is not medically necessary or appropriate.