

Case Number:	CM13-0019973		
Date Assigned:	09/30/2013	Date of Injury:	09/26/2011
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/16/2013

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 56-year-old male who sustained a work related injury on 09/26/2011. The most recent progress report available for review is dated 08/28/2013. Objectively, the patient complained of low back pain that was rated 9/10 with increased numbness in the left leg. The patient reported that he was unable to complete acupuncture as he was unable to travel. Physical examination revealed diffuse tenderness, decreased sensation, positive straight leg raise, and diminished reflexes bilaterally. Diagnoses included status post laminectomy, severe degenerative disc disease, lumbar stenosis, lumbar radiculopathy, and increased left lower extremity symptoms. Treatment plan included request for an MRI, a general practitioner follow-up, a pain psychological consultation, consultation with [REDACTED] and chiropractic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office Visits.

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

Decision rationale: CA MTUS states if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical information indicates a pain consultation was requested in April of 2013, but there is no clinical record provided to indicate that the patient has been previously evaluated to warrant a follow-up. Additionally, there is no pain management documentation submitted for review as evidence to support a treatment plan or visit frequency. Furthermore, the documentation submitted for review indicates that the primary treating physician is prescribing the patient's current pain medication regimen. As such, there is no indication why the patient would need a follow-up with a pain specialist. Therefore, the request for pain management follow-up with [REDACTED] is non-certified.