

Case Number:	CM13-0021762		
Date Assigned:	11/13/2013	Date of Injury:	11/12/2012
Decision Date:	01/27/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 Orthopedic Surgery 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.

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 claimant is a 53-year-old female injured in work related accident 11/12/12. Records for review indicate complaints of low back pain. Most recent assessment for review is dated 08/28/13 with [REDACTED] indicating a current diagnosis of status post pelvic fracture (inferior pubic rami), spondylosis of the L5-S1 level, and disc protrusion at L2-3. Subjectively there were continued complaints of pain about the low back and left iliac crest and lateral hip. Objectively there was tenderness along the iliac crest and lateral hip to palpation, just above the greater trochanter with weakly positive femoral stretch testing and tenderness at the lumbosacral junction. At that time the claimant was to resume a physical therapy program with emphasis on core strengthening and trunk stabilization. Referral to a pain management physician for potential L2-3 nerve root blocks was also recommended. Formal clinical imaging reports were not within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on CA MTUS ACOEM guidelines referral to pain management for evaluation and treatment in this case is not indicated. The specific request for referral is for potential epidural injections and in this case physical examination findings fail to demonstrate a radicular component and there was no formal imaging available for review supporting a neural compressive. Based on the clinical information the referral for pain management consultation and treatment would not be supported as medically necessary.