

Case Number:	CM13-0030309		
Date Assigned:	11/27/2013	Date of Injury:	05/20/2011
Decision Date:	02/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for mid and low back pain associated with an industrial injury on May 20, 2011. Thus far, the applicant has been treated with the following: analgesic medications, an MRI notable for a low-grade 1-2mm disc bulge at L5-S1, an unremarkable thoracic spine MRI, and the imposition of permanent work restrictions. The applicant is also represented by an attorney. A note dated August 26, 2013 states that the applicant has persistent low back pain with associated periodic radicular complaints. She has difficulty with prolonged sitting, standing, and walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

evaluation and treatment with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, page 127.

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Management Guidelines, a specialist evaluation is necessary in individuals with persistent pain complaints. In this case, the applicant does indeed have persistent pain complaints which have proven recalcitrant to conservative treatment; however, the primary treating provider sought both an evaluation and unspecified treatment. While the evaluation portion of the request is indicated, the unspecified treatment cannot be supported. Since partial or modified certifications are not permissible through the IMR process, the request for both evaluation and unspecified treatment is not certified.