

Case Number:	CM13-0040836		
Date Assigned:	01/22/2014	Date of Injury:	06/21/2013
Decision Date:	11/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 patient is a 45 year-old male with date of injury 06/21/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/04/2013, lists subjective complaints as pain in the low back with radicular symptoms the right posterior thigh. MRI of the lumbar spine was notable for a disc desiccation at L5-S1 with retrolisthesis and mild lateral recess stenosis on the right touching the S1 nerve. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with spasm and guarding bilaterally. Range of motion was reduced in all planes due to pain. Kemp's test and facet loading test were positive on both sides. Straight leg raising was positive on the right. Diagnosis: 1. Right hand sprain 2. L5-S1 4mm disc protrusion 3. L5-S1 6mm retrolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, Page 127

Decision rationale: According to the MTUS, a consultation is ordered to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consult is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The patient's most recent MRI of the lumbar spine shows a condition of retrolisthesis and a small disc protrusion at L5-S1. Medical records indicate that the patient has radiculopathy originating at this level, but he is not a surgical candidate. He has failed other conservative treatment and a pain management consult is the next logical step in the treatment plan. The request is medically necessary and appropriate.