

Case Number:	CM13-0059717		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2010
Decision Date:	04/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 12/15/2010. The patient was reportedly injured while maneuvering a pallet. The patient is currently diagnosed with lumbago and status post lumbar decompression. The patient was seen by [REDACTED] on 12/11/2013. The patient reported pain in the lower back. Physical examination revealed a well-healed surgical incision without evidence of appreciable deformity. Treatment recommendations included a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to non operative pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination only revealed a well-healed surgical incision without evidence of appreciable deformity. There is no

documentation of a significant musculoskeletal or neurological deficit. The patient's medication list was not provided. There is no documentation of an exhaustion of conservative treatment prior to the request for a specialty referral. Based on the clinical information received, the medical necessity has not been established. As such, the request is noncertified.