

Case Number:	CM13-0060626		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2011
Decision Date:	04/03/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Interventional Spine 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 49-year-old female with date of injury of 02/04/2011. The listed diagnoses per [REDACTED] dated 11/12/2013 are: 1. Lumbar disk disease. 2. Lumbar radiculopathy. 3. Right sacroiliac joint arthropathy. According to progress report dated 11/12/2013 by [REDACTED], the patient complains of continued severe lower back pain radiating to the right lower extremity. She also complains of severe stiffness. She reports that without medication, her pain is 8/10, and with medication, it is a 3/10. Benefit lasts between 2 to 4 hours. She is able to stand and walk for longer periods of time after taking medication. Objective findings show tenderness to palpation of the bilateral QL and bilateral sacroiliac joints and positive orthopedic tests: SI stress test right greater than left, right Fabre, right Gaenslen's, and right straight leg raise. Reflexes were +2 bilaterally and active range of motion was restricted with flexion at 40 degrees, extension 12 degrees with pain, right bending 10 degrees with pain and left bending 15 degrees. The treater's requesting progress report was not made available for review. Treater is requesting 1 pain management consultation

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation between 11/14/2013 and 12/14/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: This patient presents with chronic low back pain radiating into the right lower extremity. The treater is requesting 1 pain management consultation. Utilization review dated 11/15/2013 denied the request stating that the patient continues to request medication and that standard treatment measures have not been proven to be unsuccessful. ACOEM Guidelines page 127 states that health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are presents or when the pain or course of care may benefit from additional expertise. In this case, the treater is concerned about the patient's persistent lower back pain radiating to the right lower extremity and a request for a specialty consultation is reasonable. Therefore, recommendation is for authorization.