

Case Number:	CM13-0071789		
Date Assigned:	02/24/2014	Date of Injury:	09/25/2005
Decision Date:	12/12/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 51 years old male who was injured on 09/25/2005 while. Mechanism of injury is unknown. Prior treatment history has included the following medications: hydrocodone 10-325 mg and ibuprofen 800 mg. Diagnostic studies reviewed include X-ray of the lumbar spine done 03/28/2013 which showed no evidence of spondylosis or spondylolisthesis facet arthropathy at L5-S1 level. PR-2 dated 12/10/2013 documented the patient with complaints of persistent low back pain which is 7-8/10 in severity. He describes his pain as burning and stinging type worse on the right side. His pain is worse with standing and walking. His low back pain radiates to the right hip and sometimes to the right thigh. Current medications are helping for pain and he is requesting a refill of his medications. Objective findings on exam reveal spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Tenderness noted in the lumbar facet joints bilaterally but worse on the right side. Otherwise no gross change noted. Diagnosis: Chronic low back pain. Treatment Plan: Request for authorization for right lumbar facet joint injections with steroid with pre-procedure consultation to be done.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-PROCEDURE CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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), 2ndEdition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended 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."In this case, there is little information provided with respect to the requested pre-procedure consultation. There is no mention of any specific reason why a consultation will be needed for the already approved lumbar facet joint injection. Therefore, the request is considered not medically necessary due to lack of documentation.