

Case Number:	CM14-0004690		
Date Assigned:	04/25/2014	Date of Injury:	01/04/2013
Decision Date:	07/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/13/2014

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 is a 30-year-old female with a 1/14/13 date of injury to her low back after picking up 40-50 pound boxes. The patient was seen on 7/19/13 with lower back complaints and pain radiating to the SI joints bilaterally, 5-6/10. She was diagnosed with sciatica, and lumbar intervertebral disc disorder without myelopathy. She was seen on 8/26/13 complaining of 4/10 pain and no change in tenderness to palpation of the lumbar spine and no change in range of motion. As of 9/23/13, the patient had an orthopedic evaluation and the recommendation was to continue medical management. MRI 2/25/13: 3mm disc bulge at L5/S1 Treatment to date: trigger point injections, medications, chiropractic therapy x16, cortisone injections. A UR decision dated 12/2/13 denied the request for an orthopedic consult as the patient was deemed not to be a surgical candidate and it was not clear that she had reached a plateau with regard to exhausting conservative measures. The request for pain management was denied, as the patient was not a candidate for more invasive pain management options over oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PAIN MANAGEMENT FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations pages 127, 156.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that consultations are recommended, and a 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. The rationale for this request is unclear. The patient's low back pain is a 4/10 with medications. Her diagnosis is L spine disc bulge of 3mm at L5/S1 without radiculopathy. There is no indication that the patient requires a surgical consult for her back as she has no disabling leg symptoms. In addition, the patient had an orthopedic consultation on 9/23/13, which recommended she continue with medical management. Therefore, the request for an orthopedic consult was not medically necessary.

ORTHOPEDIC CONSULT FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, Independent Medical Examinations and Consultations pages 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a 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. The rationale for this request is unclear. The patient's low back pain is a 4/10 with medications. Her diagnosis is L spine disc bulge of 3mm at L5/S1 without radiculopathy. There is no indication that the patient requires a surgical consult for her back as she has no disabling leg symptoms. In addition, the patient had an orthopedic consultation on 9/23/13, which recommended she continue with medical management.