

Case Number:	CM14-0006834		
Date Assigned:	02/07/2014	Date of Injury:	08/01/2011
Decision Date:	06/23/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/17/2014

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 Orthopedic Surgery 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 injured worker is a 45 year old male whose date of injury is recorded to be from August 2011. Prior treatment included lumbar epidural steroid injection. There are ongoing complaints of neck, thoracic and low back pain, described as constant. MRI of the lumbar spine noted multiple level degenerative disc disease, desiccatio, annular tear and protrusions. An orthopedic consultation was completed in November 2012. The assessment was cervical strain. Surgical intervention was suggested, however, not completed. There are ongoing complaints of severe low back pain.the orthpedic surgeon has discharged the injured employee from his care and seeks a chronic pain provider to address the issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFER OF CARE TO PAIN MANAGEMENT: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)

Decision rationale: There are ongoing complaints of lowback pain in the face of ordinary disease of life degenerative changes. With the ongoing complaints of pain and the discharge by the orthopedic surgeon, care is warranted. The request is medically necessary.

CONSULT WITH KNEE SURGEON FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7,

Decision rationale: Due to no reports of ongoing complaints of pain, and no specific intra-articular pathology, there is no basis for an orthopedic evaluation as past treatment has been completed. The request is not medically necessary.