

Case Number:	CM14-0100845		
Date Assigned:	07/30/2014	Date of Injury:	09/01/2011
Decision Date:	12/18/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and 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 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 39-year-old female with a date of injury of 09/01/2011. According to progress report 06/06/2014, the patient presents with low back, bilateral ankle, and feet pain. Pain is rated at 6-7/10. Examination revealed blood pressure 120/80 and pulse 93. Examination of the lumbar spine revealed TTP; bilateral pain, right greater than left; and positive straight leg raise. The listed diagnoses are lumbar spine sprain/strain and bilateral ankle/feet pain. This report is handwritten and partially illegible. A report dated 05/07/2014 indicates the patient continues with low back, bilateral ankle, and feet pain. The patient states the low back pain is constant with numbness and tingling to the right lower extremity. The patient is status post LESI x3 in 2013. Examination of the lumbar spine revealed TTP in the right and positive straight leg raise. Further examination findings were handwritten and illegible. Progress report 03/24/2014 states that the patient continues with low back pain, and surgical intervention is being sought. This is a request for pain management consult for lumbar spine. Utilization review denied the request on 06/24/2014. Treatment reports from 01/14/2014 through 07/09/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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), Independent Medical Examination and Consultations. Chapter 7 page 127

Decision rationale: This patient presents with chronic low back pain. The current request is for a pain management consult for the lumbar spine. Utilization review denied the request stating that without a clear rationale for referring the patient back to a pain management specialist the request cannot be substantiated. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Given the patient's multiple clinical problem and complaints of continued pain, a pain management consult is reasonable. The request is medically necessary.