

Case Number:	CM14-0107297		
Date Assigned:	08/01/2014	Date of Injury:	07/28/2008
Decision Date:	09/30/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 58 year old male with a reported date of injury of 07/28/2008. The mechanism of injury was reported as a fall. The diagnoses included lumbar degenerative disc disease and lumbar spondylosis. The past treatments included pain medication and physical therapy. An MRI of the spine performed on 07/19/2011 revealed mild spinal canal stenosis at the L2-L3 level. There was no surgical history noted in the records. On 05/28/2014, the subjective complaints consisted of low back pain. The physical examination noted decreased range of motion of the lumbar spine. The medications included Meloxicam and Ultracet. The plan was to continue medications, complete physical therapy, and to refer the injured worker to a physical medicine and rehabilitation specialist. However, a specific rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine & Rehabilitation Referral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request Physical Medicine & Rehabilitation referral is not medically necessary. The CA MTUS/ACOEM Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. The guidelines also state, the determination of necessity for an office visit requires individualized case review and assessment. The injured worker has chronic back pain that has been managed by the primary care physician with conservative care measures to include pain medication and physical therapy. However the lower back pain has not resolved and the primary care physician is requesting a physical medicine and rehabilitation consultation. However, there are no significant exam findings. The injured worker was still being treating with physical therapy and an updated MRI was recommended. The results of the MRI and physical therapy should be evaluated before proceeding with a specialty referral. As such, the request is medically necessary.