

Case Number:	CM14-0015873		
Date Assigned:	03/05/2014	Date of Injury:	05/06/2007
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The patient has submitted a claim for low back pain with an industrial injury date of May 6, 2007. The treatment to date has included medications including stool softeners, acupuncture, and transcutaneous electrical nerve stimulation (TENS) unit. The utilization review from January 28, 2014 denied the request for referral to Anorectal Clinic at CPMC with [REDACTED] because there is no documentation of trial of conservative treatment. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant low back pain made worse by prolonged sitting and associated with pain, numbness, and tingling radiating down the posterolateral portion of the left lower extremity. She also complained of bowel difficulties with frequent constipation and obstipation, requiring her to perform some manual disimpaction. She also had intermittent abdominal pain. On physical examination, the patient is ambulatory without assistance with an antalgic gait, favoring her left lower extremity. There was spasm and guarding at the base of the lumbar spine. There was positive sciatic notch tenderness on the left. There was limitation in lumbar range of motion. Straight leg raise test was positive on the left. An MRI (magnetic resonance imaging) of the lumbar spine dated 3/28/13 revealed mild retrolisthesis at L5-S1 and marginal osteophyte disc complex causing Final Determination Letter for IMR Case Number CM14-0015873 3 contact of the left S1 nerve root. A referral to the anorectal clinic at CPMC with [REDACTED] was requested because of a possible issue of pelvic floor dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO ANORECTAL CLINIC AT CPMC WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (acute & chronic), Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examination Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs.127,156.

Decision rationale: According to the ACOEM guidelines, 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. In this case, the patient has already been given stool softeners; however, she continues to experience constipation and obstipation requiring manual disimpaction. Therefore, the request for referral to anorectal clinical at CPM with [REDACTED] is medically necessary.