

Case Number:	CM14-0136541		
Date Assigned:	09/03/2014	Date of Injury:	10/17/2013
Decision Date:	09/25/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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 Pain 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 injured worker is 47 year-old male with a date of injury of 10/17/2013. The patient's industrially related diagnoses include lumbar disc disease and chronic cervical strain. The disputed issues are lumbar Physical Medicine and Rehabilitation (PM&R) consultation RFA, lumbar PM&R treatment (unspecified) RFA, and lumbar transfer of care to PM&R RFA. A utilization review determination on 7/24/2014 had noncertified these requests. The stated rationale for the denial of the lumbar PM&R consult was that "there was no summarization of prior diagnostic studies/outcomes. The record does not clearly indicate anticipated outcome of a referral. The current documentation does not support this request." The rationale for the denial of the lumbar PM&R treatment (unspecified) and lumbar transfer of care to PM&R is that there is not sufficient documentation to determine necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar PM&R consult RFA 6/25/14 QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: The California Medical Treatment and Utilization Schedule does not have specific guidelines with regard to consulting specialists. Therefore, according to the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, "the occupational 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." Furthermore, a referral for a consultation can be made "to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." On 6/25/2014, the treating physician stated that the request for a Physical Medicine and Rehabilitation (PM&R) consultation was still pending. Previously on a progress note dated 4/7/2014, the treating physician stated "Due to failure to improve at this point due to conservative treatment including therapy, medications, modification of work status, patient will be referred to taking over pain management." According to the guidelines referenced above, a specialty consultation, in this case PM&R, is appropriate to aid in the "therapeutic management" of the injured worker who is not responding to current treatment offered by the treating physician. Therefore a PM&R consultation is medically necessary.

Lumbar PM&R treatment (unspecified) RFA 6/25/14 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: The California Medical Treatment and Utilization Schedule does not have specific guidelines with regard to consulting specialists. According to the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, "the occupational 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." Furthermore, a referral for a consultation can be made "to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." On 6/25/2014, the treating physician requested authorization for lumbar Physical Medicine and Rehabilitation (PM&R) treatment (unspecified). Previously on a progress note dated 4/7/2014, the treating physician stated "Due to failure to improve at this point due to conservative treatment including therapy, medications, modification of work status, patient will be referred to taking over pain management." According to the guidelines references above, a specialty consultation, in this case PM&R, is medically necessary. As stated above, the specialist is "usually asked to act in an advisory capacity." However, the specialist may, upon evaluating the injured worker, take over treatment if necessary. The request by the treating physician for PM&R treatment is not clearly defined; it is general and lacks specificity. The PM&R specialist should determine whether to take over lumbar treatment after a

consultation has taken place. Therefore, lumbar PM&R treatment (unspecified) RFA is not medically necessary at this time.

Lumbar transfer of care to PM&R RFA 6/25/14 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: The California Medical Treatment and Utilization Schedule does not have specific guidelines with regard to consulting specialists. According to the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, "the occupational 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." Furthermore, a referral for a consultation can be made "to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." The treating physician requested for a lumbar transfer of care to Physical Medicine and Rehabilitation. Previously on a progress note dated 4/7/2014, the treating physician stated that due to failure to improve with conservative treatment including therapy, medications, modification of work status, the injured worker was referred to pain management. According to the guidelines references above, a specialty consultation, in this case PM&R, is medically necessary. The "consultant is usually asked to act in an advisory capacity" as stated above; but may, after evaluating the injured worker, take over care. The request for lumbar transfer of care should be determined by the PM&R specialist after the consultation visit. Therefore lumbar transfer of care to PM&R RFA is not medically necessary at this time.