

Case Number:	CM14-0139246		
Date Assigned:	09/05/2014	Date of Injury:	04/25/2008
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/28/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 64 year-old male was reportedly injured on 4/25/2008. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 8/26/2014, indicates that there were ongoing complaints of low back pain status post-surgery and radicular pain in the lower extremity. The physical examination demonstrated lumbar spine: surgical incision clean dry and intact. Patient had good quadriceps strength. Some weakness in his anterior tibialis and EHL. No recent diagnostic studies are available for review. Previous treatment includes lumbar surgery, medications, and conservative treatment. A request had been made for referral to pain management, and was not certified in the pre-authorization process on 8/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004),¹ ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS/ACOEM practice guidelines state "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." Review of the available medical records documents postoperative low back pain with improving radicular symptoms at their last office visit, but fails to give a clinical reason to transfer care to a pain management specialist. As such, this request is not considered medically necessary.