

Case Number:	CM14-0162463		
Date Assigned:	10/07/2014	Date of Injury:	06/30/2002
Decision Date:	11/26/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/02/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of June 30, 2002. Thus far, the applicant has been treated analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier lumbar decompression surgery; and a traction device. In a Utilization Review Report dated September 8, 2014, the claims administrator denied an initial evaluation for the lumbar spine. The claims administrator stated that it was basing its decision, in part, on non-MTUS Chapter 7 ACOEM Guidelines, which were mislabeled as originating from the MTUS. The claims administrator stated that the attending provider was somewhat ambiguous as to what the purpose of the evaluation was. In an August 8, 2014, office note, the applicant reported ongoing complaints of low back pain attributed to cumulative trauma at work. The applicant was reportedly working elsewhere, as an auditor for the [REDACTED], it was acknowledged. The applicant was status post lumbar spine surgery in 2002, it was noted, status post left and right knee arthroscopies in 2006 and 2010. The applicant was asked to perform home exercises, physical therapy, and traction. No medications were dispensed. The applicant was asked to return to regular duty work. On September 18, 2014, the applicant presented with 7/10 low back pain radiating to the lower extremities. Lumbar MRI and electrodiagnostic testing were sought. Unspecified medications were refilled under a separate cover. In an October 2, 2014, evaluation, the applicant again reported ongoing complaints of low back pain radiating to the lower extremities. The applicant's secondary treating provider suggested that the applicant obtain an evaluation through a pain management specialist, given his chronic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation for Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction section Page(s): 1.

Decision rationale: Based on the treating provider's description of events, this appears to represent a request for consultation or evaluation with a pain management physician. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has ongoing, chronic low back pain. Obtaining the added expertise of a pain management specialist through the proposed evaluation is indicated. Therefore, the request is medically necessary.