

Case Number:	CM14-0169003		
Date Assigned:	10/17/2014	Date of Injury:	04/05/2009
Decision Date:	11/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 63 year old female. The date of injury is April 5, 2009. The patient sustained an injury to the lumbar spine. The specific mechanism of injury was not fully elaborated on in the notes available for review but it appeared to involve a trip and fall injury. The patient has been diagnosed with severe to generative disc disease of the lumbar spine. The patient currently complains of pain in the low back with radiation into the buttocks, worse with movement including flexion and extension of the lumbar spine. A request for transfer of care to a pain management specialist determined not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to a pain management specialist, 1xmonth (lumbar, right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's Compensation, Low Back Procedure Summary (updated 8/22/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the ACOEM practice guidelines Chapter 12 Low Back Pain Complaints, referral to a specialist is indicated when treatment is likely to improve the outcome

of the current pain complaints. The current documentation submitted does not indicate why referral to a pain management specialist will be indicated for her low back pain and knee pain complaints. There is no indication of what the patient has currently tried and failed conservatively. Therefore at this time the requirements for treatment have not been met and medical necessity has not established. The request is considered not medically necessary.