

Case Number:	CM14-0173276		
Date Assigned:	10/24/2014	Date of Injury:	09/27/1997
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/20/2014

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 Management 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 is a 65 year old female with an injury date of 09/27/97. The most recent report from 10/07/14 report by [REDACTED] is handwritten and partially illegible. Per this report the patient presents with increased lower back pain with limited range of motion, decreased ADLs and increased stiffness. The reports state the patient is currently disabled. Examination shows decreased range of motion with pain on extension and flexion, decreased strength, spasm and positive straight leg raise. The 07/07/14 MRI lumbar spine presents the following impression: A 2 mm disc bulge with hypertrophic facet joints at L2-3, L3-4 and L4-5. Mild central stenosis with moderate bilateral foraminal narrowing at all three levels, much more pronounced on the left side. Facet arthrosis at L5-S1. The patient's diagnosis is Lumbar "HNP". Three Physical therapy reports from 08/18/14 to 09/09/14 are provided. The utilization review being challenged is dated 10/18/14. Reports were provided from 02/21/14 to 10/07/14. Most are handwritten and partly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with a Spine Specialist [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent medical examination and consultations, page 127

Decision rationale: The reports show the patient was being treated for the knee when she presented with lower back pain on 04/08/14. The 10/07/14 report states the patient as improved with physical therapy in the past but also with "increased lower back pain." The 09/09/14 physical therapy report states lumbar spine pain with radicular symptoms is 4/10 and initial pain for the patient was 6/10. The 08/25/14 progress report states, "min relief with P.T." Following the 07/07/14 MRI lumbar spine, the treatment plan first states on 07/15/14, "Consult /w [REDACTED] [REDACTED] for spine." The plan for consult is noted on subsequent reports. The provider does not discuss the MRI. In this case, the patient's pain is continuing per the most recent report and the reports show the provider's desire to consult with a spine specialist following an imaging study. The requested consultation may be of benefit to the patient in treating this painful condition. Recommendation is medically necessary.