

Case Number:	CM14-0179825		
Date Assigned:	11/04/2014	Date of Injury:	07/27/2014
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family 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 patient is a 27 year-old man who was injured at work on 7/27/2014. The injury was primarily to the back. He is requesting review of denial for the following: Referral to PM&R for Evaluation and Treatment. Enclosed medical records corroborate ongoing care for his injuries. His chronic diagnoses include: Muscle Spasm/Back; Pain/Back; and Sprain/Strain, Lumbar. Treatment has included: work/activity restrictions, coldpacks, a thermaphore heat pad, chiropractic therapy, opioids, muscle relaxants and non-steroidal anti-inflammatory drugs (NSAIDs). X-rays of the lumbar spine were reportedly normal. He was evaluated by an Orthopedic Consultant on 10/10/2014 whose evaluation was consistent with "lumbosacral sprain." He was advised to continue physical therapy and to follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to PMR for evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-103, Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-33.

Decision rationale: The MTUS/ACOEM Guidelines comment on the topic of referral for patients with persistent symptoms. These guidelines state: Referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility. Based on a review of the available medical records, the patient is still in the process of an assessment by an orthopedic consultant who made recommendations for ongoing physical therapy and a reassessment following a specific treatment period. There is no indication in the record that the provider is uncomfortable with the management of this patient's condition or that there is a medical justification for referral to a specialist who is board certified in Physical Medicine & Rehabilitation. There is no rationale provided to suggest that the Physical Medicine & Rehabilitation (PM&R) consultation is to initiate efforts towards a Chronic Pain Program or Functional Restoration Program (per MTUS Chronic Pain Medical Treatment Guidelines pages 30-33). Without specific justification for this request, referral to a PM&R specialist is not considered as medically necessary.