

Case Number:	CM14-0185238		
Date Assigned:	11/13/2014	Date of Injury:	08/13/2010
Decision Date:	12/19/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 55 years old female with an injury date on 08/13/2010. Based on the 10/14/2014 treatment SOAP note provided by the treating physician, the patient complains of lumbar pain with radiation and tingling. Quality of pain is described as dull, achy, and throbbing. Pain is rated at 5/10. Tender to palpation is noted at the lumbar spine. There is no change in patient's quality of pain and pain scale in the SOAP noted from 09/25/2014 to 10/01/2014. Patient's diagnoses were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/28/2014. The requesting provider provided treatment SOAP note from 09/26/2014 to 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

Decision rationale: According to the 10/14/2014 report, this patient presents with lumbar pain with radiation and tingling. The treater is requesting Pain management consult but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states "There were no documentation of what medications the claimant is taking or what other therapies the claimant has had." Regarding consultations, ACOEM states that 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. In this case the patient presents with chronic low back pain with radiation and tingling .The requested consultation with Pain management appears reasonable and medically indicated. The request is medically necessary.

Orthopedic consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, independent Medical Examinations and Consultations, page 127

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) Edition (2004), Chapter 7, page 127

Decision rationale: According to the 10/14/2014 report, this patient presents with lumbar pain with radiation and tingling. The treater is requesting Orthopedic consult but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states "There is no documentation that the claimant is a surgical candidate with just limited range of motion of the shoulder." Regarding consultations, ACOEM states that 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. In this case the patient presents with chronic low back pain with radiation and tingling. However, the treater does not mention planned surgeries or explanation in regards to necessity of orthopedic consultation. The request is not medically necessary.