

Case Number:	CM14-0020406		
Date Assigned:	04/30/2014	Date of Injury:	11/10/2013
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neurology, has a subspecialty in Neuromuscular 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:

This case involves a female worker, who sustained a work-related injury on November 10 2013. Subsequently, she developed a back pain for which she was treated with twelve (12) sessions of physical therapy and pain medications. There are no details about the pain medications. According to a note dated on January 15 2014, the patient continued to have a back pain with stiffness, numbness and tingling in both lower extremities. His physical examination showed lumbar tenderness with limited range of motion and non focal neurologic examination. The patient was diagnosed with acute lumbar strain. The provider requested authorization for an x ray of the lumbar spine and transfer of the patient care to an orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFER OF CARE TO AN ORTHOPEDIC SURGEON (HEAD AND LUMBAR; THORACIC IS NOT ACCEPTED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Low Back Procedure Summary (last updated 10/09/2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to Chronic Pain Guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The guidelines also indicate, "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks." There is no documentation that the patient response to pain therapy falls outside the expected range. The patient was recently approved for acupuncture therapy that could improve the patient pain and limit the need for a referral to a specialist. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. Therefore, the request is not medically necessary at this time.

X-RAY OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Low Back Procedure Summary (last updated 10/09/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to MTUS/ACOEM Guidelines, an x ray of the lumbar spine is recommended in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. There are no red flags pointing toward one (1) of the above diagnosis or a serious spine pathology. The patient developed a back injury without any focal neurological examination. Therefore, the request is not medically necessary.