

<b>Case Number:</b>	CM14-0025312		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Occupational 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 63 year old female DOI 10/11/13. Susequent to a trip and fall she has develop chronic cervical and lumbar pain. Due to a clinical presentation consistent with a possible radiculopathy she has had a lumbar MRI which failed to reveal any compressive changes. She has been treated with Physical Therapy, Chiropractic and oral analgesics (NSAIDS). Her pain is reported to be moderate with rest and severe with activity. A review of the records sent notes the Peer Review denial of a Physical Medicine and Rehab consult and treatment. The records sent for review does not include the rational for this denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REFERRAL TO PM&R (PHYSICAL MEDICINE AND REHABILITATION) CONSULTATION AND TREATMENT FOR LUMBAR SPINE: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** The medical records sent for review do not provide the rationale for the denial of the Physical Medicine&Rehab (PM&R) referral. The treatment up until this point in

time appears rational. However, it appears that the patient has developed a chronic painful musculo-skeletal syndrome and it is reasonable to request a consult and potential treatment by a specialist in arena. MTUS guidelines support a referral when the treating physician wishes additional input or is uncomfortable with providing ongoing treatment.