

Case Number:	CM14-0028125		
Date Assigned:	03/19/2014	Date of Injury:	05/10/2010
Decision Date:	04/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 reported an injury on 05/10/2010. The patient was reportedly injured while pushing heavy tables. The patient is currently diagnosed with lumbar spinal stenosis, spondylolisthesis, spinal facet arthropathy, and lumbar degenerative disc disease. The patient was recently seen by [REDACTED] on 01/21/2014. The patient reported chronic low back pain with left lower extremity radicular pain. The patient reports excellent improvement with physical therapy. Physical examination on that date revealed tenderness to palpation, 5/5 motor strength, and intact sensation. Treatment recommendations at that time included an operative anterior lumbar interbody fusion at L5-S1 with laminectomy, a consultation with pain management, and a formal course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH PAIN MANAGEMENT AND TREAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient is pending a course of physical therapy as well as authorization for a lumbar fusion with laminectomy. The patient does report excellent relief with physical therapy. Therefore, there is no documentation of an exhaustion of treatment prior to the request for a specialty consultation. The patient's physical examination only revealed tenderness to palpation. There was no documentation of a significant musculoskeletal or neurological deficit. Additionally, the initial consultation with a pain management specialist would need to be completed prior to the approval of any subsequent treatment thereafter. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.