

Case Number:	CM14-0034387		
Date Assigned:	06/20/2014	Date of Injury:	09/10/2013
Decision Date:	08/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 54 year old male who reported an injury on 09/10/2013. The injured worker was evaluated on 05/07/2014. It was documented that the injured worker had low back pain that radiated into the right lower extremity. It was documented that the injured worker had undergone physical therapy and chiropractic care. The physical findings included decreased range of motion of the lumbar spine with a positive bilateral straight leg raising test and tenderness to palpation of the left and right sacroiliac joints. The injured worker's diagnoses included lumbosacral sprain/strain, lumbosacral neuritis or radiculitis, lumbar disc syndrome without myelopathy, cervicothoracic sprain/strain, shoulder upper arm sprain/strain, rotator cuff syndrome, elbow/forearm sprain/strain, and sleep disturbance. The injured worker's treatment recommendations included additional physical therapy, an orthopedic consult, an internal medicine consult, and an orthopedic consult for the left shoulder. A request was made for pain management for the lumbar spine. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for Lumbar Spine: 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), Low Back- Lumbar & Thoracic (Acute & Chronic).

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) 7 page(s) 127.

Decision rationale: The ACOEM Guidelines recommends specialty consultations for injured workers who have a complicated diagnosis and require additional expertise to assist with treatment planning and diagnostic evaluation. The clinical documentation submitted for review does not provide any evidence that the treating provider has exhausted all treatment within his scope of practice and would require additional expertise to assist with pain control and functional restoration. As such, the requested pain management for the lumbar spine is not medically necessary or appropriate.