

Case Number:	CM14-0053641		
Date Assigned:	07/07/2014	Date of Injury:	03/23/2012
Decision Date:	08/21/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 45-year-old male with an injury date of 03/23/2012. Based on the 10/30/2013 report, the patient complains of low back pain with radiation to his left lower extremities. Upon physical examination, the patient has a hint of left-sided hip flexor and quadriceps weakness off to the left-handed side. The patient also has a positive straight leg raise off to the left-hand side. The patient is diagnosed with lumbago. The request is for pain management consult and treatment of the lumbar spine. The utilization review determination being challenged is dated 04/21/2014. The requesting provider has provided treatment reports from 10/04/2013 - 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treatment- lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations, Chapter 7.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: According to the 10/30/2013 report, the patient has low back pain which he rates as a 7/10. He has tenderness laterally along the incision of his left hip. He has cramps at night in his legs and gets spasm in his chest and back. The request is for pain management consult and treatment of the lumbar spine. There is no indication of why the provider is requesting this. The ACOEM Guidelines on page 127 states, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The ACOEM supports specialty consultation, and the patient should be allowed pain management consultation to address his persistent pain. Such as, pain management consult and treatment- lumbar spine is medically necessary.