

Case Number:	CM14-0059213		
Date Assigned:	09/03/2014	Date of Injury:	01/14/2012
Decision Date:	10/07/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 injured worker is a 49 year-old female who was reportedly injured on January 14, 2012. The mechanism of injury is noted as an altercation with a suspect (injured employee is a police officer). The most recent progress note dated May 21, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5'10", 230 pound individual who was noted to be in no apparent distress. A full range of motion of lumbar spine is reported. There is no noted motor loss, sensory loss, or changes to deep tendon reflexes. Diagnostic imaging studies objectified a small disc herniation with multiple level ordinary diseases of life degenerative changes. Previous treatment includes multiple medications, injection therapy and additional pain management interventions. A request was made for consultation and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult/treat for possible repeat RFA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back, Lumbar and Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines - Chapter 7 Independent Medical Examinations and Consultations page 127

Decision rationale: As noted in the American College of Occupational and Environmental Medicine guidelines a consultation is to be sought when the diagnosis is uncertain or extremely complex. It is clear that this individual has some changes in the facet joints that have not responded to previous injection therapy. Therefore, the diagnosis is certainly established, is not overly complex and when considering the physical examination findings noted in the progress notes presented for review tempered by the parameters noted in the guidelines cited above is no clear clinical indication to establish the medical necessity of this request.