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| Case Number: | CM14-0061071 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 12/13/1999 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 Anesthesiology, has a subspecialty in Pain 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 53 male with a 12/13/99 date of injury. On 3/14/14 there were complaints of chronic low back pain as well as depression. The patient described to him limited relief from physical modalities and did not wish to repeat any more sessions. Clinically, there was positional discomfort, the patient moved around the exam room; had diffuse tenderness in the low back and some weakness in the left EHL. Gait was intact. The patient is not working and ADLs were noted to be markedly affected. Lumbar ESI in 2001 and 2011 provided approximately 2 months of pain relief. 5/15/14 orthopedic follow-up documented continued low back pain and right groin pain that increases with activity. Requests for acupuncture, therapy, or epidural had been denied. Clinically, the patient had tenderness in the lumbar spine, intact neurological examination, and full range of motion in the hips. Impression was lumbosacral strain/strain and lumbar disc pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treat Physical Medicine & Rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation AECOM 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) Clinical Topics: ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156).

Decision rationale: Medical necessity for the requested consultation and treatment with a PM&R is not established. This request previously obtained an adverse determination, as it was not entirely clear why a consultation was necessary. Possible treatments were not further discussed. CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a 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 patient has a 1999 date of injury and has undergone multiple conservative treatment modalities. He reported on 3/14/14 that there was little benefit from physical modalities, and he did not wish to have more sessions. Further clarification regarding necessity of a referral and treatment to be rendered has not been provided and the request remains unsubstantiated. Therefore the request is determined not medically necessary.