

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0062949 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 09/09/2011 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 Pain Management 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 45-year-old female who sustained an injury on September 9, 2011. She is diagnosed with sprain of ankle, sprain of ankle deltoid, and lumbosacral neuritis. She was seen on March 5, 2014 with complaints of low back pain. The examination of the lumbar spine revealed tenderness over the bilateral sacroiliacs and lumbar paravertebral musculature. She returned to the same clinic on April 16, 2014 with the same complaint of low back pain. The examination of the lumbar spine revealed tenderness over the area. Straight leg raising test was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral. The request in this case was too generic and might conceivably refer to any number of guideline citations.

Decision rationale: The request for lumbar spine treatment is not medically necessary at this time. Despite consideration for the injured worker's low back complaints and significant clinical findings, there was no specification as to what exact lumbar spine treatment was being requested. There is a need to indicate whether the requested lumbar treatment pertains to a referral to a specialist, a medication, or a physical modality. As such, the request is not medically necessary.