

Case Number:	CM14-0069964		
Date Assigned:	07/14/2014	Date of Injury:	06/30/2013
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Management and is licensed to practice in Tennessee. 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 39-year-old male who has submitted a claim for sprain lumbar region associated with an industrial injury date of 08/30/2013. Medical records from 09/23/2013 to 08/08/2014 were reviewed and showed that patient complained of chronic low back pain graded 3-7/10 with no associated radiation. The pain was aggravated by bending and reaching. The patient was noted to be working full duty (04/14/2014). Physical examination revealed mild muscle spasm and tenderness over the lower lumbar spine and full lumbar ROM (range of motion) with pain upon flexion and extension. MMT, DTRs, and sensation to light touch of the bilateral lower extremities were intact. SLR test was negative. Facet load testing was positive on the left side. MRI of the lumbar spine dated 01/14/2014 revealed L4-5 and L5-S1 posterior disc bulge and bilateral facet arthropathy, L2-3 and L3-4 moderate left foraminal narrowing, and L5-S1 moderate right foraminal narrowing. X-ray of the lumbar spine dated 09/23/2013 revealed mild joint facet arthropathy. Treatment to date has included unspecified visits of chiropractic treatment, Norco, Duragesic, and Ambien. Of note, patient noted chiropractic treatment to be helpful (08/08/2014). Utilization review dated 05/07/2014 denied the request for physical medicine PM&R consult because the subjective and objective findings revealed no complaint of radicular leg pain with a normal neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine PM&R Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational 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. In this case, the patient complained of chronic low back pain without associated radiation. The patient noted improvement with chiropractic treatment (08/08/2014) which does not support the need for care from additional expertise. There was no documentation of presence of psychosocial factors or an uncertain or extremely complex diagnosis. There was no clear indication for physical medicine consultation based on the available medical records. The aforementioned circumstances for referral to specialists per guidelines recommendation were not present. Therefore, the request for Physical Medicine PM&R Consult is not medically necessary.