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| Case Number: | CM14-0186976 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 06/26/2014 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 52 year old male who sustained an industrial injury on 06/26/2014. The mechanism of injury was not provided for review. His diagnosis is low back pain. He continues to complain of low back pain but there is no progress note provided indicating physical examination findings. An MRI of the LS spine demonstrated mild degenerative disease at L3-4, ad L4-5 with no central or neuroforaminal stenosis. Treatment has consisted of medical therapy. The treating provider has requested initial neurological/pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Neurological/Pain Management Evaluation/ Management Serv: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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) (2004) Chapter 7, page 127

Decision rationale: Per Occupational Medicine Practice Guidelines, a Health Practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when the plan or course of care may benefit from additional expertise. In this case there is no documented objective or subjective findings indicating medical necessity for the requested specialty evaluation. Medical

necessity for the requested service has not been established. The requested service is not medically necessary.