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| Case Number: | CM14-0190349 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 08/28/2013 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

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:

This is a 39-year-old female with an 8/28/2013 date of injury. She injured her back while lifting a student. A progress report dated 10/23/14 noted subjective complaints of lumbar spine pain. Objective findings included mildly antalgic gait and decreased lumbar ROM. Diagnostic Impression: low back pain Treatment to Date: medication management, physical therapy, and acupuncture. A UR decision dated 11/6/14 denied the request for unspecified treatment by a pain management for the low back. Pain management consultation was authorized. However, the unspecified treatment authorization should be withheld until the pain management has been completed with evaluated recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified treatment by a pain management for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Chapter 6, page(s) 127, 156, and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Office Visits

Decision rationale: 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. A pain management consultation has been approved. However, the request is for approval for unspecified treatment by pain management for the low back. A specific treatment modality must be requested in order to determine whether it is appropriate. Therefore, the request for unspecified treatment by a pain management for the low back was not medically necessary.