

Case Number:	CM14-0194328		
Date Assigned:	12/02/2014	Date of Injury:	02/13/2012
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Acupuncture 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:

Injured worker is a 34 year old male with date of injury 02/13/2012. He has been diagnosed with Lumbar strain with lower extremity radiculopathy. The treatment so far has included Physical therapy, MRI left hip (6/27/2013), Left hip injections, orthopedic consult, medications, left hip arthroscopy with labral repair, femoral neck osteoplasty (12/14/2013) post-op physical therapy, MRI left hip and lumbar spine, left hip corticosteroid injection and medication treatment. Per progress report dated 6/2/2014, the injured worker reported continued pain that was uncontrolled with anti-inflammatory medications, rest, and physical therapy. He reported pain radiating to his left knee with occasional shooting pain down his leg and some soreness and aching in his hip. Most recent progress report available is dated 9/15/2014; according to which injured worker was nine months status post left hip arthroscopy with labral repair and osteoplasty of femoral neck and acetabulum. Patient had difficulty during his recovery with continued pain and limitations due to his pain. On physical exam of the left hip, he had pain with flexion and internal rotation but reported no pain with internal or external log rolling. He had 100 degrees of flexion, internal rotation was 10, and external rotation was 50. He was neurovascularly intact distally and walked with a limp per the report. He was diagnosed with Status post left hip arthroscopy with Left hip mild degenerative changes of the femoral head; L5-S1 degenerative disc disease with L3-4, L4-5 facet arthropathy and status post labral repair and osteoplasty of femoral neck and acetabulum. Date of the UR decision was 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with pain management for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician's assertion that there has been insufficient workup and treatment prior to consideration of referral. The claimant has had physical therapy (PT) for lower back pain and medication management. An MRI of the L/S was requested, and the clinical diagnosis of lumbar radiculopathy as well as facet arthropathy was made. Pain medicine physicians often provide interventions that other physicians do not normally provide for back pain and sciatica. The request is medically necessary.