

Case Number:	CM15-0004665		
Date Assigned:	01/15/2015	Date of Injury:	07/17/2014
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male, with a reported date of injury of 07/17/2014. The diagnoses include lumbar sprain/strain, lumbar disc displacement with radiculopathy, lumber myositis, lumbar disc protrusion, and lumbar Myofasciitis. Treatments have included shockwave therapy, acupuncture therapy for the lumbar spine, and oral medications. The reports for diagnostic test have not been included in the medical records provided for review. The progress report dated 12/04/2014 indicates that the injured worker complained of no low back pain. The objective findings included no bruising, swelling, atrophy, or lesion present at the lumbar spine. The treating physician recommended that the injured worker have a permanent and stationary evaluation. The reason for the request was not documented. On 12/15/2014, Utilization Review denied the request for a permanent/stationary evaluation, noting that a separate evaluation for opinion is not required to complete the treatment. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent/ Stationary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7 Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7/4061.5/Â§9785

Decision rationale: The patient presents with low back pain which radiates to both legs with numbness and tingling. The request is for a PERMANENT/STATIONARY EVALUATION. The RFA provided is dated 12/04/2014 and the patient's work status is listed as per primary treating physician. The utilization review rationale is that a separate evaluation for treatment is not required to complete this treatment status advisory. ACOEM Practice Guidelines Second Edition 2004 page 127 has the following: The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care would benefit from additional expertise. CA Labor code 4061.5 and CCR 9785, states the primary treating physician may designate a physician to make reports, including permanent and stationary reports, to the claims administrator 9785. Reporting Duties of the Primary Treating Physician.(c) The primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator as required in this section. A primary treating physician has fulfilled his or her reporting duties under this section by sending one copy of a required report to the claims administrator. Therefore, the requested permanent/stationary evaluation IS medically necessary.