

Case Number:	CM15-0007094		
Date Assigned:	01/26/2015	Date of Injury:	03/12/2014
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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 40 year old female who sustained a work related injury on March 12, 2014, working as a certified nurses' assistant injuring her lower back while moving a patient. Magnetic Resonance Imaging (MRI) revealed hyperlordosis, nerve impingement of the lumbar spine, degenerative disc disease and lumbar sacral disc protrusion and stenosis. Treatments included physical therapy, muscle relaxants and pain medications. Currently, on November 3, 2014, the injured worker presented with ongoing pain in the lower back. Treatment included, pain medications and muscle relaxants. On January 6, 2013, a request for a service of a referral to a pain management specialist for low back pain was non-certified, noting the ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a pain management specialist, low back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation ACOEM

Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations.
Ch:7

Decision rationale: The patient presents with low back pain. The request is for a REFERRAL TO A PAIN MANAGEMENT SPECIALIST, LOW BACK. The utilization review denial rationale is that the patient's overall course of evaluation and treatment to date, including program of rehabilitation, has not been described clearly. The medical necessity of this request has not been clearly demonstrated. There is no RFA provided and the patient has permanent work restrictions which include avoiding heavy lifting, bending repeatedly, prolonged sitting, or standing. ACOEM page 127 states the occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise. MTUS page 8 also requires that the treater provides monitoring of the patient's progress and make appropriate recommendations. The patient is currently taking Neurontin, Tylenol, and Robaxin. She suffers from low back pain, nerve impingement in the lumbar spine, and disk protrusion of the lumbar spine. In this case, mediation management appears reasonable. The requested pain management referral IS medically necessary.