

Case Number:	CM15-0105190		
Date Assigned:	06/09/2015	Date of Injury:	12/18/2013
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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 51 year old female, who sustained an industrial injury on 12/18/2013. She reported a fall down a flight of stairs with injury to the neck, back, bilateral arms, left hip, right foot and knee as well as the left wrist and thumb. Diagnoses include cervical spine sprain/strain with cervical spondylosis and stenosis and lumbar spine sprain/strain with disc protrusion without evidence of spinal stenosis or radiculopathy. Treatments to date include rest, medication therapy, and chiropractic therapy. Currently, she complained of chronic neck and low back pain with radiation into bilateral arms and legs. On 5/7/15, the physical examination documented no new acute findings. The MRI from 10/7/14 was documented to reveal central disc protrusion at L4-5 and L5-S1 that effaces the thecal sac and grade 1 retrolisthesis of L5 on S1. The plan of care included referral to a pain management specialist for evaluation and treatment of the chronic cervical and lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation/ Treatment, Cervical/ Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient sustained a low back injury in December 2013 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain Management Evaluation/ Treatment, Cervical/ Lumbar spine is not medically necessary and appropriate.