

Case Number:	CM15-0106289		
Date Assigned:	06/10/2015	Date of Injury:	06/30/2009
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56-year-old female sustained an industrial injury to the low back on 6/30/09. Magnetic resonance imaging lumbar spine (2/17/15) showed disc desiccation with mild bulging, a small annular tear and mild bilateral neural foraminal stenosis. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit and medications. In the most recent PR-2 submitted for review, dated 12/17/14, the injured worker complained of low back and left shoulder pain. Physical exam was remarkable for lumbar spine with tenderness to palpation, muscle spasms and decreased range of motion and left shoulder with tenderness to palpation and decreased range of motion. The treatment plan included requesting urine drug screen and replacement pads for home transcutaneous electrical nerve stimulator unit and requesting evaluation by a pain management specialist for medications management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluate with pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and Official Disability Duration Guidelines, Treatment for

Workers' Compensation, 2015 web-based edition:
http://www.dir.ca.gov/t8/ch4_5sb1a5_2_2.html.

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

Decision rationale: Pursuant to the ACOEM, reevaluation with pain management specialist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical sprain strain; lumbar sprain strain; bilateral shoulder sprain strain; status post arthroscopy left knee. The medical record contains 40 pages. The date of injury is June 30, 2009. The request for authorization is May 19, 2015. The sole progress note in the medical record is dated December 17, 2014. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization. Subjectively, the injured worker complains of low back pain and left shoulder pain. Objectively, there is tenderness with muscle spasm and decreased range of motion of the lumbar spine. There are no medications listed in the progress note. Consequently, absent contemporaneous clinical documentation, a current list of medications, a list of pain related/medication related problems, and the clinical rationale for a reevaluation with a pain management specialist, reevaluation with pain management specialist is not medically necessary.