

Case Number:	CM15-0109341		
Date Assigned:	06/19/2015	Date of Injury:	07/29/2010
Decision Date:	07/20/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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, Pain Management

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 67 year old female, who sustained an industrial injury on 7/29/10. She reported low back and left knee pain. The injured worker was diagnosed as having lumbar disc degeneration with deformity and end stage osteoarthritic change of the left knee. Treatment to date has included home exercise, Cortisone injections, Synvisc injections, physical therapy, and medication. On 2/16/15 back pain was rated as 7/10 and knee pain was rated as 6- 7/10. Currently, the injured worker complains of low back pain and muscle spasms. The treating physician requested authorization for outpatient pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pain management: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, the worker continues with significant low back pain and debility. Physical therapy, chiropractic, and acupuncture have been attempted. MRI findings in the past have demonstrated disc degenerative changes. Given this clinical picture, a pain management consultation would likely provide additional expertise as described by ACOEM Guidelines. This request is medically necessary.