MAXIMUS Federal Services

Case Number:	CM15-0014115		
Date Assigned:	02/02/2015	Date of Injury:	05/05/2011
Decision Date:	09/29/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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 35 year old female, who sustained an industrial injury on 5-5-11. The diagnoses have included lumbar strain and sprain, low back pain, tension headaches and adjustment disorder with anxiety and depression. Treatment to date has included medications, activity modifications, diagnostics, work modifications and other modalities. Currently, as per the physician progress note dated 12-16-14, the injured worker complains of continued low back pain with radiation to the right leg and toes. The pain is rated 8 out of 10 on the pain scale. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The diagnostic report is not noted in the records. The objective findings-physical exam reveals that there is lumbar tenderness and tenderness to palpation of the right gluteus. The straight leg raise was mildly positive with low back pain. There is positive right sacroiliac joint tenderness, positive Gensler's test and positive Fabere test. The submitted records are difficult to decipher. The physician requested treatment included a Pain management consultation in consideration of right sacroiliac joint injections with possible rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, page 127.

Decision rationale: The patient presents on 12/16/14 with lower back pain which radiates into the right lower extremity. The patient's date of injury is 05/05/11. Patient has no documented surgical history directed at this complaint. The request is for pain management consultation. The RFA is dated 12/16/14. Physical examination dated 12/16/14 reveals tenderness to palpation of the right gluteus muscle, right SI joint tenderness, and positive straight leg raise test, Genslen's sign, and positive FABER test. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient's current work status is not provided. ACOEM Guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for a consultation with a pain management, the referral is appropriate. Progress reports provided do not provide a detailed history of this patient's pain consultations. This patient presents chronic lower back pain and several examination findings indicative of stenosis in the lumbar spine. ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could produce benefits for this patient.