

Case Number:	CM15-0016868		
Date Assigned:	02/05/2015	Date of Injury:	02/01/2013
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 53 year old female, who sustained an industrial injury on 02/01/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post right shoulder surgery with residual pain, status post lumbar one to sacral one disc replacement and fusion, and lumbar radiculopathy, more on the left side. Treatment to date has included laboratory studies, trigger point injections, electromyogram, above listed surgical procedures, and physical therapy. In a progress note dated 11/17/2014 the treating provider reports residual right shoulder pain. The documentation provided did not contain the current requested treatment for pain management consultation for the lumbar spine. On 01/12/2015 Utilization Review non-certified the requested treatment pain management consultation for the lumbar spine, noting the American College of Occupational and Environmental Medicine, 2004, Chapter 7, Consults.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the pain management consult will address. The request is not medically necessary.