

Case Number:	CM15-0130470		
Date Assigned:	07/16/2015	Date of Injury:	08/02/2012
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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:

This 63 year old male sustained an industrial injury to the low back and knee on 8/2/02. Recent treatment consisted of home exercise and medications. In a PR-2 dated 4/28/15, the injured worker complained of increasing low back pain, rated 7-8/10 on the visual analog scale. The injured worker medications had been denied. In a PR-2 dated 5/5/15, the injured worker reported that he had been trying to return to work but had worsening knee pain with swelling. In a PR-2 dated 5/11/15, the injured worker reported that his back symptoms were unchanged. The injured worker stated that Meloxicam was not helping and stated that he needed stronger medication. In a PR-2 dated 6/9/15, the injured worker reported that his low back pain was worse. The injured worker was requesting a pain management consultation. Physical exam was remarkable for negative straight leg raise, negative Fabere, no guarding, no spasms with range of motion and motor strength 5/5 to bilateral lower extremities. Current diagnoses included lumbar spine sprain/strain with disc disease and facet disease with flare up. The treatment plan included medications (Voltaren Gel and Tylenol #3) and requesting authorization for pain management evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 - Independent Medical Examinations and Consultations page 127.

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. It was not documented that the injured worker had failed conservative treatment with physical therapy. Imaging studies were not available for review. Furthermore, the medical necessity of treatment cannot be affirmed without first identifying the requested treatment. The request is not medically necessary.