

Case Number:	CM15-0144151		
Date Assigned:	08/05/2015	Date of Injury:	12/20/2014
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/24/2015

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 36 year old male, who sustained an industrial injury on 12-20-14. The injured worker has complaints of low back pain and knees. The documentation noted that there was tenderness at right PSIS (posterior superior iliac spine) and L5-S1 (sacroiliac) spinal interspaces and straight leg was positive on the right with increase low back pain. The documentation noted that there was tenderness found at the bilateral quadriceps tendons. The diagnoses have included lumbar radiculopathy; sacral iliac joint dysfunction, bilateral; internal derangement of knee, bilateral and quadriceps tendonitis, bilateral. Treatment to date has included injections; ibuprofen; myofascial release to the lumbar spine and bilateral knees; infrared lamps thermotherapy; interferential stimulation and electro acupuncture therapy. The request was for 1 time per month pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Time per month pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy/manipulation Page(s): 58-59.

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

Decision rationale: This patient sustained a low back and knee injury in December 2014 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The 1 Time per month pain management consultation is not medically necessary and appropriate.