

Case Number:	CM15-0146204		
Date Assigned:	08/07/2015	Date of Injury:	08/01/2007
Decision Date:	09/03/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: Emergency Medicine

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 37 year old female, who sustained an industrial injury on 8-1-07. The diagnoses have included thoracic strain and sprain, lumbar disc bulge, status post lumbar spine surgery, and lumbar spondylolisthesis. Treatment to date has included medications, activity modifications, diagnostics, surgery, lumbar epidural steroid injection (ESI), physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 7-14-15, the injured worker complains of constant low back pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and x-rays of the lumbar, thoracic and pelvic spine. The diagnostic reports were not noted. The current medications were not noted. The physical exam reveals right anterior thigh, mid-calf and lateral ankle have the light touch sensation intact. The physician requested treatment included Pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Pain management consultation, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has constant low back pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and x-rays of the lumbar, thoracic and pelvic spine. The diagnostic reports were not noted. The current medications were not noted. The physical exam reveals right anterior thigh, mid-calf and lateral ankle have the light touch sensation intact. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Pain management consultation is not medically necessary.