

Case Number:	CM15-0148083		
Date Assigned:	08/11/2015	Date of Injury:	08/31/2014
Decision Date:	09/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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, Hawaii
 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 46 year old male, who sustained an industrial injury on 8-31-14. He has reported initial complaints of a left foot and back injury at work after being struck in the back with a pallet. The diagnoses have included lumbar strain and sprain with ligamentum flavum hypertrophy with synovial cyst in facet joint. Treatment to date has included medications, diagnostics, and physical therapy. Currently, as per the physician progress note dated 7-20-15, the injured worker complains of continued low back pain. The current medications included Tramadol, Gabapentin, Warfarin, Pravastatin, Metformin and Lisinopril. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG) nerve conduction velocity studies (NCV) of the bilateral lower extremities. The physician notes that as far as the lumbar spine goes there is some ligamentum flavum hypertrophy and there is a synovial cyst particularly anteriorly to the right facet joint. The objective findings reveal that the lumbar spine flexion is 80 degrees, extension is 10 degrees and right and left bending is 20 degrees. There is no previous therapy sessions noted in the records. The work status is modified duties with restrictions. The physician notes that given the persistent symptoms and that the injured worker is symptomatic; the physician requested treatment included Pain Management Treatment for the Lumbar spine as an outpatient quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Treatment, Lumbar spine, outpatient, Qty 1: Overturned

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

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

Decision rationale: The patient presents with pain affecting the neck, low back, and left foot. The current request is for Pain Management Treatment, Lumbar Spine, outpatient, Qty 1. The report with this request was not provided for review. The treating physician states in the report dated 7/17/15, "I would like him to go back to [REDACTED] to discuss surgical options. He says his pain in getting worse." (21B) The ACOEM guidelines, chapter 7, page 127 state 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 this case, the treating physician has indicated that the patient's pain is worsening and would like to refer the patient to another physician to aid in the patient's recovery. The current request is medically necessary.