

Case Number:	CM15-0162572		
Date Assigned:	08/28/2015	Date of Injury:	05/15/2013
Decision Date:	10/21/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 38 year old male patient, who sustained an industrial-work injury on 5-15-13. The diagnoses include cervicgia and lumbago, and annular tear at L2-3. Per the doctor's note dated 6/17/2015, he had complains of neck pain with radiation to the right trapezial region as well as numbness in both hands, worse on the right; pain in the lower back with occasional radiation to the right posterior thigh and calf and pain in the bottom of both feet, worse on the right. The physical examination revealed cervical spine- some pain with extension of the cervical spine, normal motor strength, intact sensory and reflexes; lumbar spine- spasms next to the spinous processes, limited flexion and extension, and normal motor strength and reflexes. The medications list includes Ibuprofen, Dexil (antacid), and Advil. He has had MRI of the cervical spine dated 9/21/13 with normal findings; lumbar spine MRI (magnetic resonance imaging) dated 9/21/13 which revealed a small annular tear at L2-3; EMG-NCV (electromyography and nerve conduction velocity test) dated 7/16/2013 with normal findings; X-rays of the cervical and lumbar spine with negative results. He has had chiropractic treatment and physical therapy for this injury. The Request for Authorization date was 7-6-15 and the requested service included Treatment with pain management, cervical-lumbar spine, per 06/17/15 order. The Utilization Review on 7-22-15 denied the request due to no evidence of radiculopathy, facet joint arthropathy or other condition treated by a chronic pain management specialist and therefore not necessary, per Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment with pain management, cervical/lumbar spine, per 06/17/15 order: 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), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127.

Decision rationale: Treatment with pain management, cervical/lumbar spine, per 06/17/15 order. Per the cited guidelines, 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. Per the records provided patient had chronic neck pain and low back pain. He has had MRI of the cervical spine dated 9/21/13 with normal findings; lumbar spine MRI (magnetic resonance imaging) dated 9/21/13 which revealed a small annular tear at L2-3; EMG-NCV (electromyography and nerve conduction velocity test) dated 7/16/2013 with normal findings; X-rays of the cervical and lumbar spine with negative results. Significant objective findings of the cervical and lumbar spine with significant abnormal diagnostic studies are not specified in the records provided. Evidence of uncertain diagnosis or extremely complex diagnosis is not specified in the records provided. Evidence of the presence of psychosocial factors is not specified in the records provided. The medical necessity of treatment with pain management, cervical/lumbar spine, per 06/17/15 order is not fully established for this patient.