

Case Number:	CM15-0168368		
Date Assigned:	09/09/2015	Date of Injury:	02/21/2014
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/26/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 2-21-2014. She reported pain in her low back when pulling a rolling rack that became stuck. The injured worker was diagnosed as having lumbosacral spondylosis. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. Many documents within the submitted medical records were handwritten and difficult to decipher. Currently (7-2015), the injured worker complains of pain in low back, rated 8-9 out of 10. She reported a fall at home 4 weeks ago and a healing left knee scab. Physical exam noted positive FABERE to the bilateral lower extremities and 60% range of motion to the lumbar spine. Medications included Norco, Diclofenac, Zanaflex and Omeprazole. Her work status was modified. Pain levels were consistent for several months. The treatment plan included pain management evaluation and treatment. On 8-05-2015, Utilization Review modified a request for an outpatient pain management evaluation and treatment request for the lumbar spine to an evaluation only, with any further treatment dependent on the results of the evaluation. The patient had used a TENS unit for this injury. The patient had received an unspecified number of PT visits for this injury. The patient has had MRI of the lumbar spine on 5/4/14 that revealed facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient one pain management evaluation and treatment to lumbar: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on Non-MTUS, MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: 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." The injured worker was diagnosed as having lumbosacral spondylosis. Currently (7-2015), the injured worker complains of pain in low back, rated 8-9 out of 10. The patient's medication list included Norco, which is a controlled substance. She reported a fall at home 4 weeks ago and a healing left knee scab. Physical exam noted positive FABERE to the bilateral lower extremities and 60% range of motion to the lumbar spine. The patient has had MRI of the lumbar spine on 5/4/14 that revealed facet hypertrophy. This is a complex case. A referral to Outpatient one pain management specialist for evaluation and treatment (for lumbar spine) is deemed medically appropriate and necessary.