

Case Number:	CM15-0180281		
Date Assigned:	09/22/2015	Date of Injury:	11/20/2013
Decision Date:	10/26/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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 51 year old man sustained an industrial injury on 11-20-2013. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 10-17-2013 and bilateral shoulder MRI dated 4-16-2015. Diagnoses include bilateral shoulder sprain and lumbar spine sprain with left lower extremity radiculitis. Treatment has included oral medications. Physician notes dated 8-12-2015 show complaints of shoulder pain rated 2-3 out of 10 and low back pain rated 2-3 out of 10 with radiculopathy to the left lower knee with numbness to the left leg. The worker states the pain level in the low back can increase to 6-7 out of 10 with activities. The physical examination is not detailed, however, it is stated that there have been no changes since the examination dated 6-30-2015. Recommendations include pain management consultation and follow up in three to four weeks. Utilization Review denied a request for pain management consultation citing the history of prior treatment, medications, and consultations since the injury is not clear and there is not clear documentation of a physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Pain Management Specialist (Lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Evaluation & Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had chronic shoulder and back pain. There was no diagnosis specified that would require intervention from a pain specialist. The request was not substantiated. Particular intervention desired is unknown. The request for a pain consultation is not medically necessary.