

Case Number:	CM15-0184950		
Date Assigned:	09/25/2015	Date of Injury:	11/20/2012
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania, Ohio, California
 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:

This injured worker is a 52 year old female, who sustained an industrial injury on 11-20-2012. The injured worker was diagnosed as having chronic low back pain, lower back pain and left leg pain with back pain, presumptive diagnosis of lumbar spondylolisthesis and rule out lumbar instability and stenosis. On medical records dated 08-03-2015 and 07-08-2015, the subjective complaints were noted as low back pain that radiates to left leg. Pain 7 out of 10. Objective findings were noted as lumbar spine normal lordosis, tenderness to palpation in the low lumbosacral region and straight leg raise was positive on left for pain. Treatments to date included physical therapy, spinal injections, acupuncture, chiropractic therapy and medication. The injured worker also underwent laboratory studies. The injured worker was noted to be working full duty. Current medication was listed as Tramadol, Etodolac, and Metaxalone. The Utilization Review (UR) was dated 09-08-2015. A Request for Authorization was dated 08-27-2015 for 1 Pain management evaluation and treatment. The UR submitted for this medical review indicated that the request for 1 Pain management evaluation and treatment was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. The records in this case do document a situation in which consultation/evaluation may be helpful in order to determine possible diagnoses and treatment options. However, it is not possible to certify "treatment" as an open-ended request without further clarification of what that treatment may be. Therefore, overall this request is not medically necessary.