

Case Number:	CM15-0189410		
Date Assigned:	10/01/2015	Date of Injury:	09/16/2014
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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

Certification(s)/Specialty: Emergency Medicine

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 34 year old male who sustained an industrial injury on 9-16-14. A review of the medical records indicates he is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, lumbago, and "unspecified back disorder". Medical records (2-26-15 to 7-22-15) indicate ongoing complaints of mid and low back pain. His pain rating has intermittently been "7-8 out of 10". However, on 7-22-15, it was noted to be "0 out of 10". The physical exam (7-22-15) reveals tenderness over the paraspinal area bilaterally to palpation. The straight leg raise is positive bilaterally. Range of motion for the thoracic and lumbar spine was "abnormal". Diagnostic studies have included an MRI of the lumbar spine on 7-6-15 and urine drug screening. A request for an EMG-NCV was indicated in the 7-27-15 progress record. However, it is unclear if the study was completed. Treatment has included physical therapy, oral and topical medications, as well as topical compound creams. The treating provider requested a referral to a pain management specialist for consultation. The utilization review (8-29-15) indicates denial of the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested pain management consult lumbar spine is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has ongoing complaints of mid and low back pain. His pain rating has intermittently been "7-8 out of 10". However, on 7-22-15, it was noted to be "0 out of 10". The physical exam (7-22-15) reveals tenderness over the paraspinal area bilaterally to palpation. The straight leg raise is positive bilaterally. Range of motion for the thoracic and lumbar spine was "abnormal". Diagnostic studies have included an MRI of the lumbar spine on 7-6-15 and urine drug screening. A request for an EMG-NCV was indicated in the 7-27-15 progress record. The treating physician did not adequately document the medical necessity for this consult or how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, pain management consult lumbar spine is not medically necessary.