

Case Number:	CM15-0192519		
Date Assigned:	10/06/2015	Date of Injury:	08/04/2008
Decision Date:	11/13/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/30/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male who sustained an industrial injury on 08-04-2008. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar intervertebral disc without myelopathy and lumbar spinal stenosis. According to the treating physician's progress report on 08-21-2015, the injured worker continues to experience severe, constant pain in his lower back and was weaned from Norco. Examination demonstrated tenderness at L4 with radiculopathy. Motor, sensation and gait were intact. The injured worker received Morphine Sulfate 10mg intramuscularly for pain at the office visit. On 09-14-2015, the injured worker was evaluation and complained of low back pain radiating to his right leg and rated at 10 out of 10 on the pain scale. Examination demonstrated restricted range of motion, absent right ankle reflex and motor, sensory and gait intact. Morphine Sulfate 10 intramuscularly was administered on 09-14-2015 at the office visit. No diagnostic testing, prior treatments or urine drug screenings were reported. As of 07-01-2015, the injured worker was taking Norco 10mg-325mg and Ambien with 75% effectiveness of pain relief. Treatment plan consisted of the current request for physical medicine and rehabilitation specialist consultation. On 09-29-2013, the Utilization Review determined the request for physical medicine and rehabilitation specialist consultation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine and rehabilitation specialist consultation: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured now 7 years ago and appears to be in a tertiary stage of care. ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This claimant was injured now 7 years ago and appears to be in a tertiary stage of care. The role of specialist input for further rehabilitation is not clear. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified. Therefore, the requested treatment is not medically necessary.