MAXIMUS Federal Services

Case Number:	CM15-0197119		
Date Assigned:	10/12/2015	Date of Injury:	05/28/2015
Decision Date:	12/17/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 51 year old female with an industrial injury date of 05-28-2015. Medical record review indicates she is being treated for lumbago and thoracic - lumbosacral neuritis - radiculitis. Subjective complaints (08-26-2015) included low back and leg pain. The treating physician noted the injured worker had "some worsening pain traveling down her left leg." "She had to take some time off from work." The treating physician noted the addition of work restrictions to include no going up and down stairs and working for 4 hours a day only. Objective findings are documented as "unchanged from last visit." Prior treatment included physical therapy and medication. On 09-02-2015 the request for pain management consultation was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM 2nd edition, Chapter 7.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, this is a request for a referral to pain management for a possible epidural steroid injection or facet joint injection. The available documentation does not support the need for either of these injections; therefore, the referral is not supported. The request for pain management consultation is not medically necessary.