

Case Number:	CM15-0199755		
Date Assigned:	10/15/2015	Date of Injury:	06/16/1997
Decision Date:	11/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: North Carolina
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:

The injured worker is a 72 year old male, who sustained an industrial injury on June 16, 1997. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar spine strain and sprain and right knee sprain. Treatment to date has included diagnostic studies, exercise, injection, physical therapy, interferential unit and traction unit. On September 10, 2015, the injured worker complained of low back pain and "very irregular" radicular pain. The pain was rated as a 5 on a 0-10 pain scale and was noted to be the same from a prior visit. The pain was described as constant, dull and sharp. A third Synvisc injection was completed with good improvement with knee function. The pain was rated as a 3 on a 0-10 pain scale. The treatment plan included pain management consultation for lumbar spine, home exercise and follow-up visit. Some of this handwritten progress report was illegible. On October 2, 2015, utilization review denied a request for pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, Second Edition (2004), Chapter 7, page 127, Consultation.

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

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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:

1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing back and knee pain despite conservative therapy. Therefore, the need for pain management consult has been established and the request is medically necessary and approved.