

Case Number:	CM15-0200951		
Date Assigned:	11/05/2015	Date of Injury:	07/22/2012
Decision Date:	12/23/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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, California

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 41 year old male, who sustained an industrial injury on 07-22-2012. A review of the medical records indicates that the worker is undergoing treatment for musculoligamentous sprain and strain of the lumbosacral spine, underlying Grade 1 spondylolisthesis at L4-L5 and sprain and strain with 4 out of 5 L4-L5 instability. Treatment has included Norco, Cyclobenzaprine and surgery. On 04-22-2015 the worker reported continued low back pain radiating to the left leg rated as 7 out of 10 at rest and 10 out of 10 with activity. Objective findings revealed limited range of motion of the lumbar spine in all directions, positive stretch tests confirming nerve entrapment, impingement of the lower back and tenderness in the natal cleft at the lower end of the sacrum posteriorly between the buttocks. Pain medication was noted to relieve pain and improve activities of daily living. Subjective complaints (08-13-2015 and 09-10-2015) included persistent left lateral foot pain rated as 6-7 out of 10 without medications and 4 out of 10 with medications. Objective findings (08-13-2015 and 09-10-2015) included lumbar tenderness and decreased range of motion of the lumbar spine. The physician noted that the worker had run out of medications and all medications had been denied during a utilization review and that therefore that worker would need to transfer care to a pain management physician. A utilization review dated 09-18-2015 modified a request for transfer of care to pain management (within MPN) to certification of PM&R consultation only. The patient had EMG of lower extremity on 9/29/15 that revealed L5 radiculopathy. The patient sustained the injury due to a slip and fall incident. The patient's surgical history includes lumbar spine surgery and left knee surgery. The patient has had history of fracture of the tailbone. The medication list includes Norco, Celebrex and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management (within MPN): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, IME and consultations.

Decision rationale: Request: Per the cited guidelines, "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." The patient had diagnoses of musculoligamentous sprain and strain of the lumbosacral spine, underlying Grade 1 spondylolisthesis at L4-L5 and sprain and strain with 4 out of 5 L4-L5 instability. Subjective complaints (08-13-2015 and 09-10-2015) included persistent left lateral foot pain rated as 6-7 out of 10 without medications and 4 out of 10 with medications. Objective findings (08-13-2015 and 09-10-2015) included lumbar tenderness and decreased range of motion of the lumbar spine. The patient had EMG of lower extremity on 9/29/15 that revealed L5 radiculopathy. The patient's surgical history includes lumbar spine surgery and left knee surgery. The patient has had history of fracture of the tailbone. Therefore this is a complex case and the patient's previous list of medications included controlled substances. The management of this case would be benefited by a Transfer of care to pain management (within MPN). The request for referral to a Transfer of care to pain management (within MPN) is medically necessary and appropriate for this patient.