

Case Number:	CM15-0201576		
Date Assigned:	10/16/2015	Date of Injury:	04/09/2014
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
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:

This is a 51 year old female patient, who sustained an industrial injury on 4-9-2014. The injured worker was being treated for chronic low back pain. Per the doctor's note dated 7-10-2015, 8-28-2015, and 9-5-2015, she had ongoing low back pain. The physical exam dated 7-10-2015 revealed tenderness of the lumbar paravertebral muscles, lumbar flexion of fingertips to midshins, extension of 30 degrees, lateral flexion of 45 degrees, and lateral rotation of 30 degrees. The physical exam dated 8-28-2015 and 9-5-2015 revealed tenderness throughout the lumbar spine, but no paraspinal tenderness; full lumbar range of motion with minimal pain. The medications list includes naproxen and cyclobenzaprine (per the note dated 3/13/15). She has undergone right shoulder arthroscopy on 12/8/2014. She had right shoulder MRI on 9/2/14; EMG/NCS dated 8/5/14 which revealed some residuals from an old carpal tunnel problem that has been operated upon. Per the treating physician report dated 2-24-2015, the patient has had an MRI of the lumbar spine which revealed minimal changes of spondylosis. Treatment has included chiropractic therapy and work modifications. On 9-18-2015, the requested treatments included evaluation and treat. On 9-25-2015, the original utilization review non-certified a request for evaluation and treatment with pain management specialist for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with pain management specialist for the lumbar spine, quantity: 1, per 08/28/2015 order: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Evaluation and treatment with pain management specialist for the lumbar spine, quantity: 1, per 08/28/15 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." Evidence that the diagnosis is uncertain or extremely complex is not specified in the records provided. Evidence of presence of psychosocial factors is not specified in the records provided. An abnormal diagnostic study report of the lumbar spine with significant abnormalities is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The Evaluation and treatment with pain management specialist for the lumbar spine, quantity: 1, per 08/28/15 is not medically necessary for this patient.