

Case Number:	CM15-0202434		
Date Assigned:	10/19/2015	Date of Injury:	10/08/2007
Decision Date:	11/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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 male, who sustained an industrial-work injury on 10-8-07. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having status post removal of hardware with extension of lumbar fusion in 1-2014, and prior lumbar fusion 1-2009. Treatment to date has included medication, lumbar hardware block (temporary relief), diagnostic testing, physical therapy, acupuncture, surgery (lumbar fusion from L4-S1). Currently, the injured worker complains of continued pain in the low back. Meds include Zanaflex, Topamax, Prilosec, and OxyContin. Per the primary physician's progress report (PR-2) on 9-23-15, exam notes sensory deficits in the L5-S1 distributions, flexion at 45 degrees while extension is limited to 25 degrees, pain with extension. The Request for Authorization requested service to include consultation; evaluation and treatment for Lumbar Spine. The Utilization Review on 10-6-15 modified the request for consultation evaluation Orthopedic lumbar, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009, Introduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation, evaluation and treatment for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: MTUS Guidelines do not support open ended treatment requests. The primary goal of Guidelines is to assure the best evidenced based medical care for an individual. Unfortunately this request is to open ended to be consistent with Guideline recommendations. A consult may be very reasonable, but the concurrent request for authorization of treatment without specifics is not consistent with Guidelines, there are no unusual circumstances, to support an exception to Guidelines. The request for Consultation, evaluation and treatment for Lumbar Spine is not medically necessary.