MAXIMUS Federal Services

Case Number:	CM15-0208455		
Date Assigned:	10/27/2015	Date of Injury:	11/04/2009
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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, 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 60 year old male injured worker suffered an industrial injury on 11-4-2009. The diagnoses included lumbar spine disc disease. On 7-24-2015 the initial orthopedic evaluating provider reported constant pain in the lumbar spine with numbness and tingling radiating in both legs rated as 9 out of 10. There was constant pain in the shoulders rated 8 out of 10 that radiated down the arms and hand, fingers and into the neck. He reported weakness, numbness, cramping and tingling to the arms, hands and fingers. On exam the lumbosacral spine had slight tenderness with spasms along with positive bilateral straight leg raise. The lumbar range of motion was reduced. On 8-21-2015 the provider noted chronic lumbar spine conditions. He noted the injured worker had significant physical findings and reported chiropractic care had been effective in relieving his symptoms in the past. On 9-18-2015 the provider reported the injured worker reported he was the same and the objective findings were unchanged from initial evaluation. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. The medical record did not indicate rationale for a pain management specialist referral. Utilization Review on 10-9-2015 determined non-certification for Referral to a pain management specialist, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a pain management specialist, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 112, 127.

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

Decision rationale: CA MTUS/ACOEM Guidelines indicate that consultations may be used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability and permanent/residual loss and/or examinee's fitness to return to work. The request is for a pain management consultation, however there is a lack of documentation regarding the diagnosis and therapeutic options that have been attempted. There is no evidence of a comprehensive pain evaluation with pain levels with and without medication. There is no documentation of failure to achieve functional improvement with treatment. No real rationale is given regarding the medical necessity of the pain management consultation. Therefore, due to the lack of information provided, the request is not medically necessary or appropriate.