

Case Number:	CM15-0023192		
Date Assigned:	02/12/2015	Date of Injury:	02/20/2013
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
 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 44 year old female, who sustained an industrial injury on February 20, 2013. She has reported injuries of the right ankle, right foot, right toes, and right leg. The diagnoses have included lumbar sprain/strain, lower extremity neuropathy, and lumbar spine desiccation. Treatment to date has included activity/work modifications, acupuncture, urine drug testing, x-rays, and topical compounded creams, anti-epilepsy, and non-steroidal anti-inflammatory medications. The medical records show an MRI of the lumbar spine was performed on December 17, 2014. On January 19, 2015, the treating physician noted intermittent upper back pain with radiation to the bilateral shoulders and shoulder blades, worse on the right than the left. There was constant mid back pain that radiated to the low back with numbness and tingling. In addition, there was constant low back pain that radiated to the bilateral hips and thighs, with numbness and tingling. Her pain was rated 6/10. The physical exam revealed decreased range of motion of the lumbar spine and tenderness over the bilateral lumbar 4-lumbar 5 and lumbar 5-sacral 1. The treatment plan included pain management consultation for the lumbar spine. On February 4, 2015 Utilization Review non-certified a request for a pain management consultation for the lumbar spine, noting the lack of evidence that the diagnosis is uncertain or extremely complex, the lack of evidence of presence of any psychological factor, and the lack of evidence that the patient is taking potent or multiple opioid medications. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, IME and Consultation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinat.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Pain management consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The clinical documents lack documentation that the above criteria are met. According to the clinical documentation provided and current MTUS guidelines; Pain management consultation is not indicated as a medical necessity to the patient at this time.