

Case Number:	CM15-0222391		
Date Assigned:	11/18/2015	Date of Injury:	01/22/2015
Decision Date:	12/24/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 23 year old female, who sustained an industrial injury on 1-22-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral axial pain likely myofascial in origin and small L5-S1 annular tear without neural foraminal narrowing and normal electromyography (EMG) study. On 10-20-2015, the injured worker reported lumbosacral pain with constant pain across the lower lumbar region extending into the left gluteal region. The Primary Treating Physician's report dated 10-20-2015, noted the injured worker independent with activities of daily living (ADLs). The injured worker's current medications were noted to include Tylenol. The physical examination was noted to show no areas of lumbar region tenderness to palpation, with positive straight leg raise for bilateral tight hamstrings and negative for radicular symptoms. The Physician noted a lumbar spine MRI from 3-30-2015 showed mild loss of disc height at the L5-S1 level with small annular tear at L5-S1 without neural foraminal narrowing or central canal stenosis. Prior treatments have included Tramadol, Norco, Vicodin, and physical therapy. The treatment plan was noted to include dispensed transdermal cream and a second opinion for consideration for acupuncture and a functional restoration program. The request for authorization dated 10-20-2015, requested a referral to a physical medicine & rehabilitation specialist for a second opinion of the lumbosacral spine. The Utilization Review (UR) dated 11-3-2015, non-certified the request for a referral to a physical medicine & rehabilitation specialist for a second opinion of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a physical medicine & rehabilitation specialist for a second opinion of the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations.

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

Decision rationale: This injured worker has chronic pain with an injury sustained in 2015. The worker has been treated with multiple modalities of pain management and medications and she is independent with regards to her functional status and ADLs. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and radiographic findings do not support this complexity. The medical necessity of a referral to a physical medicine & rehabilitation specialist for a second opinion of the lumbosacral spine is not substantiated in the records. Therefore, the request is not medically necessary.