

Case Number:	CM15-0035321		
Date Assigned:	03/03/2015	Date of Injury:	09/16/2013
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on 9/16/2013. The diagnoses have included lumbar sprain/strain, displacement of lumbar intervertebral disc without myelopathy, and lumbago. Treatment to date has included diagnostic imaging (computed tomography (CT) scan), modified work and medications. Currently, the IW complains of constant, moderate lower back pain rated as 4/10. The pain was characterized as sharp, stabbing and burning and radiated to the bilateral hips. Objective findings included painful and restricted range of motion to the lumbar spine. Kemp's test caused pain. Straight leg raise is negative. On 2/19/2015, Utilization Review non-certified a request for referral to a pain management specialist noting that the clinical findings do not support the medical necessity of the requested treatment. The MTUS and ODG were cited. On 2/19/2015, the injured worker submitted an application for IMR for review of pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations, chapter 7, page 127.

Decision rationale: The patient was injured on 09/16/2013 and presents with lumbar spine pain. The request is for a pain management specialist. There is no RFA provided, and the patient is to return to modified work (no date provided). ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127, "the occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. As of 10/10/2014, the patient is taking prednisone, Nexium, allopurinol, cyclosporine, nifedipine, Tylenol, and metformin. He suffers from lumbar spine pain, which she rates as a 4/10, and this pain radiates to his bilateral hips. The pain is aggravated by prolonged sitting, prolonged standing, and prolonged walking. The patient has a painful range of motion for the lumbar spine and is diagnosed with displacement of lumbar IVD, lumbago, and lumbar sprain/strain. In this case, medication management appears reasonable. The requested pain management specialist IS medically necessary.