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| Case Number: | CM15-0037561 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 03/19/2012 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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: Internal 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 44-year-old female with an industrial injury dated 03/19/2012. The injured worker worked as a home health nurse and states while working she was holding a patient that was passing out when she felt pain in her lower back radiating into the pelvis area and both legs. She also had had a fall on 06/02/2014 (while visiting a patient) resulting in a fractured left tibia. Current complaints were low back pain. Diagnoses: Bilateral lumbar radiculopathy in lumbar 4 and lumbar 5 nerve direction; Rule out lumbar spondylosis. Prior treatments included physical therapy, MRI of lumbar spine, x-rays, medications and injections to her lumbar spine (with relief). On 02/19/2015 the request for referral to pain management specialist was non-certified by utilization review. MTUS and ACOEM were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation ACOEM 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The initial pain management consultation report dated February 9, 2015 documented a history of low back pain and lumbar radiculopathy. The patient complains of pain for the with no good relief with conservative treatment, treatments of medications and therapies. The patient reports that epidural steroid injections in the past provided relief. Lumbar epidural steroid injection was recommended. Medications included Norco and Topamax. Medical records indicate that the patient would benefit from the expertise of a pain management specialist. The patient has not benefited from conservative treatment. Medication management is required. The request for specialty referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for referral to pain management specialist is medically necessary.