

Case Number:	CM15-0039262		
Date Assigned:	03/09/2015	Date of Injury:	01/18/2013
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania, Ohio, 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 40 year old male, who sustained an industrial injury on 1/8/2013. He reported lifting a bale of hay and experiencing a popping sensation in his lower back followed by severe pain. The diagnoses have included lumbar spine degenerative disc disease, lumbar disc protrusion, lumbar stenosis and lumbar radiculopathy. Treatment to date has included physical therapy, trigger point injections and medication. According to the progress report dated 1/21/2015, the injured worker complained of continued lumbar spine pain. Physical exam revealed sciatica to the left. Treatment plan was for referral to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127222.

Decision rationale: ACOEM recommends consultation with another provider if such consultation may be of help in managing a patient's treatment. In this case, the request for a pain

management consultation appears to be duplicative of a prior pain management consultation. The rationale for an additional consultation with a new pain management physician rather than follow-up with the patient's current pain management physician is not apparent. This request is not medically necessary.