

Case Number:	CM14-0123763		
Date Assigned:	08/08/2014	Date of Injury:	06/11/2013
Decision Date:	10/07/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 year old male with a 6/11/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/27/14 noted subjective complaints of 6/10 low back pain. Objective findings included lumbar spasm and reduced ROM (range of motion). There was normal strength, sensation and symmetric reflexes. Lumbar MRI 6/14 showed multilevel DDD (degenerative disc disease). Diagnostic Impression: spinal stenosis
Treatment to Date: physical therapy, chiropractic, medication management
A UR decision dated 8/5/14 modified the request for evaluation and treatment by anesthesia pain management for the lumbar spine, certifying evaluation. Consultation with pain management is appropriate to evaluate for other potential diagnostic and/or treatment options. However, the need for any specific treatment will depend in part on the results of that evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment by anesthesia pain management 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 American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 - independent medical examinations and consultations, page 127, 156 and on the Official Disability Guidelines (ODG) pain chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a 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. The consensus view is that examiners should make recommendations in response to questions posed by, or implied by, the examination request. Recommendations should be based on the available evidence, or if lacking evidence, consensus views of what is effective (with benefits outweighing risks). Such recommendations may include the need for further testing to define the condition in question, either to further the analysis of causation or to clarify the diagnosis. Recommendations may also be called for regarding further treatment, the prognosis for further improvement, physical or mental impairment, the examinee's current or future work capacity, the need for vocational rehabilitation, and the potential for employment. However, while consultation with pain management may be appropriate, guidelines state the consultant should make recommendations after evaluation. These recommendations may include further treatment or testing to clarify diagnosis. However, without specific knowledge of what these recommendations may be, the necessity of any future recommended treatment cannot be yet substantiated. Therefore, the request for evaluation and treatment by anesthesia pain management for the lumbar spine was not medically necessary.