

Case Number:	CM14-0125078		
Date Assigned:	09/24/2014	Date of Injury:	10/04/2010
Decision Date:	10/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family Practice 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:

39-year-old male claimant sustained a work injury a cumulative work injury from May 20, 2010 to July 5, 2010 involving right/left wrists, low back and both knees. He was diagnosed with right carpal tunnel syndrome, left carpal tunnel syndrome, lumbar strain, and right knee internal arrangement, left knee strain, left knee chondromalacia, right knee chondromalacia, depression, and anxiety. A progress note on 4/29/14 indicated the claimant had continued pain in the involved anatomic areas. Exam findings were notable for tenderness in the lumbar spine musculature. Otherwise, the shoulders, neck, hips, back, wrist exams were unremarkable. The treating physician wished to continue pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult 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 Official Disability Guidelines- Evaluation and Management

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), Specialist Referral

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the lumbar exam findings were unremarkable except for minimal muscle tenderness. There were no complex findings or uncertain diagnoses. The claimant had already seen pain management specialist in the past. There's no indication at this point based on the exam findings and the request from the referring physician for additional consultation with a pain management specialist.