

Case Number:	CM14-0129879		
Date Assigned:	09/22/2014	Date of Injury:	07/15/2008
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/14/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 71-year-old female who reported an injury on 03/01/2011. The mechanism of injury was not stated. Current diagnoses include lumbar disc degeneration and bilateral sacroiliac joint dysfunction. Previous conservative treatment is noted to include medication management. The injured worker was evaluated on 07/22/2014 with complaints of 9/10 lower back pain. The current medication regimen includes Gabapentin. Physical examination revealed a normal gait, palpable tenderness over the right greater than left sacroiliac joint and left sciatic notch, intact sensation in the bilateral lower extremities, limited lumbar range of motion, and normal motor strength in the bilateral lower extremities. The injured worker also demonstrated positive Fortin's sign, positive Gaenslen's sign, positive pelvic compression test, and positive distraction test bilaterally. Treatment recommendations at that time included a lumbar postural orthotic, a referral to a pain management specialist, and bilateral sacroiliac joint blocks. A request for authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Pain Management Specialist (Lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a pain management referral. There is also no documentation of a specific plan of care for the pain management consultation. As the medical necessity has not been established, the request is not medically appropriate.

Lumbar Postural Orthotic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There was no evidence of spinal instability. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically appropriate.