

Case Number:	CM14-0186092		
Date Assigned:	11/14/2014	Date of Injury:	04/11/2012
Decision Date:	12/22/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 38 year old male with an injury date of 04/11/12. Based on the 09/12/14 progress report provided by treating physician, the patient complains of low back pain rated 6/10. Patient is status post anterior and posterior lumbar fusion about six months ago. Physical examination of the lower extremity examination shows, that plantar flexors and dorsi flexors are within physiologic range bilaterally. Sensation is intact to light touch bilaterally. Negative Waddell's signs. Patient completed a four week course of physical rehab. The treating physician is an orthopedic spine surgeon and he is requesting transfer of care to pain management. Diagnosis 09/12/14, displacement of cervical intervertebral disc, displacement of lumbar intervertebral disc. The utilization review determination being challenged is dated 10/16/14. Treatment reports were provided from 08/07/13 - 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of Care to Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Environmental and Occupational Medicine, Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

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), Consultation, Chapter 7, page 127.

Decision rationale: The patient presents with low back pain rated 6/10. The request is for Transfer of Care to Pain Management. Patient is status post anterior and posterior lumbar fusion about six months ago. Patient's diagnosis dated 09/12/14 included displacement of cervical and lumbar intervertebral discs. Patient completed a four week course of physical rehab. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." Per progress report dated 09/12/14, the treating physician is an orthopedic spine surgeon and he is requesting transfer of care to pain management. It would appear that the current treating physician feels uncomfortable with the medical issues and has requested for transfer to specialist. Therefore the request is not medically necessary.