

Case Number:	CM15-0013487		
Date Assigned:	02/02/2015	Date of Injury:	05/10/2012
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male with an industrial injury dated May 10, 2012. The injured worker diagnoses include chronic cervical sprain/strain and multilevel disk herniation with secondary canal and neuroforaminal stenosis. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, H-wave unit, and periodic follow up visits. According to the progress note dated 12/5/14, the treating physician noted that the injured worker reported back pain rated at an 8/10. The pain radiates into the bilateral buttocks and lower extremities in a sciatic distribution. Objective findings reveal antalgic gait favoring the left. There was tenderness to palpitation in the lumbar paravertebral musculature with moderate spasm. At the lumbosacral junction, the injured worker was noted to be extremely tender to palpitation in the left greater sciatic notch. Straight leg raise test were positive bilaterally. The treating physician prescribed consult and treatment with [REDACTED]. Utilization Review determination on January 14, 2015 modified the request for a partial certification of follow up consult with [REDACTED] citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treatment with [REDACTED] Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (.

Decision rationale: The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 10, 2012. In a Utilization Review Report dated January 14, 2015, the claims administrator partially approved a request for a consultation and treatment (AKA referral) with [REDACTED] as a consultation with [REDACTED] alone. Progress notes and RFA forms of December 5, 2014, November 18, 2014, September 30, 2014, and September 19, 2014 were referenced in the determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In an RFA form of October 9, 2014, the attending provider sought authorization for a consultation and treatment with [REDACTED] to determine the need for potential epidural steroid injection therapy. On December 12, 2014, the applicant reported ongoing complaints of low back pain, 8/10, despite ongoing use of Lodine, Norco, Flexeril, and an H-Wave device. The applicant was asked to pursue an epidural steroid injection and apparently obtained further treatment from [REDACTED]. The applicant was asked to continue current work restrictions. It is not clearly stated whether the applicant was or was not working with said limitations in place. REFERRAL QUESTIONS: 1. Yes, the proposed consultation and treatment with [REDACTED] (AKA referral) was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant is apparently off of work. The applicant has apparently failed conservative treatment including time, medications, physical therapy, opioid therapy, an H-Wave device, etc. Obtaining the added expertise of a physician better-equipped to address these issues, namely a chronic pain physician, was, thus, indicated. Therefore, the request was medically necessary.