

Case Number:	CM15-0129230		
Date Assigned:	07/15/2015	Date of Injury:	04/20/2009
Decision Date:	08/13/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old female, who sustained an industrial injury on 4/20/2009. The injured worker was diagnosed as having lumbar disc syndrome, lumbar grade I anterolisthesis L4-5, thoracic sprain-strain, and bilateral lower extremity radiculitis. Treatment to date has included chiropractic. Currently, the injured worker complains of continued low back pain with radiation down her bilateral lower extremities, rated 7-8/10. Physical exam noted decreased range of motion in the thoracic and lumbar spines, moderate iliolumbar paravertebral muscle hypertonicity, and positive Kemp's and straight leg raise on the right. Her current medication regimen was not noted. The treatment plan included a new pain management office visit regarding her lumbar spine. Work status was total temporary disability. Previous progress reports document that she was authorized for pain management consultation but this had not been scheduled and the authorization was expired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management office visit, lumbar spine: Overturned

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), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 4, pages 89-92; Official Disability Guidelines (ODG)-Office Visits.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, the patient has had a previously approved pain management consult, however, she has not been evaluated and the refer has expired. A progress note on 3/12/2015 indicated that the patient continues to have moderate to severe lumbar region pain despite conservative treatments with chiropractic sessions and medication. She would benefit from further treatment recommendations from a pain management specialist. As such, the current request is medically necessary.