

Case Number:	CM15-0063473		
Date Assigned:	04/09/2015	Date of Injury:	07/11/2014
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 52 year old male, who sustained an industrial injury on 7/11/2014. He reported low back pain. The injured worker was diagnosed as having lumbar spine radiculopathy, anxiety and depression. Treatment to date has included acupuncture, medications, x-rays, urine toxicology, electrodiagnostic studies, and magnetic resonance imaging. The request is for follow-up pain management. The records indicate acupuncture to be helpful, and a Toradol injection to have helped. On 2/25/2015, he is seen regarding continued low back pain which he rated as 9/10. He is noted to have muscle spasms and decreased range of motion. The treatment plan included: follow up with pain management, follow up with psychiatry, and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up with Pain Management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

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

Decision rationale: MTUS Guidelines support referrals if the treating physician feels an issue is beyond their expertise. This individual is reporting very poor pain control on his current regimen and follow up for possible better pain control is consistent with Guideline recommendations. The request for the follow up with pain management is medically necessary and appropriate.