

Case Number:	CM15-0077861		
Date Assigned:	04/29/2015	Date of Injury:	03/10/2014
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on March 10, 2014. The injured worker has been treated for low back and left lower extremity complaints. The diagnoses have included multilevel lumbar disc herniations with central and foraminal stenosis, lumbar muscle spasms and lumbar radiculopathy. Treatment to date has included medications, radiological studies, lumbar epidural steroid injections, chiropractic care, physical therapy, acupuncture treatments and a home exercise program. Current documentation dated March 30, 2015 notes that the injured worker reported intermittent low back pain and left hip pain. Examination of the lumbar spine revealed tenderness to palpation and a decreased range of motion. The treating physician's plan of care included a request for a re-evaluation with a pain management specialist. The medical records note that an epidural steroid injection was performed on 10/7/14. Improvement was noted and on the 12/15/14 progress report return to the work force was anticipated. The injured worker was evaluated on 4/13/15 with recurrent complaints of severe low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Evaluation with pain management specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The medical records note that an epidural steroid injection was performed on 10/7/14. Improvement was noted and on the 12/15/14 progress report return to the work force was anticipated. The injured worker was evaluated on 4/13/15 with recurrent complaints of severe low back pain. Given the recurrence of the injured worker's symptoms, the request for Re-Evaluation with pain management specialist is medically necessary and appropriate.