

Case Number:	CM15-0092393		
Date Assigned:	05/18/2015	Date of Injury:	02/25/2013
Decision Date:	06/19/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/13/2015

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, Florida, 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 48 year old male, who sustained an industrial injury on 2/25/13. The injured worker has complaints of muscle spasms in the low back, which are improved with the muscle relaxer and pain in the bottom of his foot. The diagnoses have included musculo-ligamentous sprain/strain, lumbar spine and depression. Treatment to date has included tramadol extended release; norco; naproxen; cyclobenzaprine; lumbar spine X-rays n 3/25/13 showed disc space narrowing L4-5 and L5-S1 (sacroiliac); magnetic resonance imaging (MRI) of the lumbar spine on 3/26/13 showed degenerative disc disease with herniated nucleus pulposus (HNP) L4/5 diffuse DEDD; magnetic resonance imaging (MRI) of the lumbar spine 3/17/14 showed large central disc herniation, L4-5; lumbar spine X-rays on 2/24/14 showed motion at L4/5 over 5 millimeter; low back surgery on 4/22/14 and pain management. The request was for follow up appointment with a pain medicine specialist, lumbar spine, quantity five.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointment with a pain medicine specialist, lumbar spine - QTY 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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) Chapter 7, page 127.

Decision rationale: Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the repetitive 5 pain management specialist visits fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Also, it is difficult to predict the need for five visits; generally visits are assessed one at a time to insure there is objective improvement, before deciding another visit is needed. The request for these multiple, specialist visits is not medically necessary.