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| Case Number: | CM14-0140445 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 12/26/2013 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old patient had a date of injury on 12/26/2013. The mechanism of injury was a fall at work. In a progress noted dated 6/16/2014, the patient complains of low back pain, knee pain, and elbow pain. Location of pain is also at lumbar spine, and the pain is constant, severity is moderate, and aggravating factors include activity. On a physical exam dated 6/16/2014, paraspinal tenderness is noted, and she has decreased sensation more so on the right at L5 but also on left at L5 distribution. The diagnostic impression shows lumbar radiculopathy, with 60% on right and 40% on left. It also shows discogenic and radicular pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/30/2014 denied the request for consultation evaluation, stating that there is insufficient information to determine medical necessity for the requested evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a 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. On a progress note dated 6/16/2014, the patient complains of low back pain, knee pain, and elbow pain. Paraspinal tenderness is noted, and she has decreased sensation more so on the right at L5 but also on left at L5 distribution. However, the treatment intended for this consult was not mentioned in this request. Therefore, the request for consultation evaluation was not medically necessary.