MAXIMUS Federal Services

Case Number:	CM13-0036937		
Date Assigned:	12/13/2013	Date of Injury:	10/19/2011
Decision Date:	07/29/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/21/2013

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:

The injured worker is a 55-year-old male who sustained injury on 10/19/11 when he was carrying a muffler catalytic converter that weighed 40 pounds while walking down some wooden stairs. He slipped and fell and struck the right side of his low back and right hip, experiencing immediate pain to this right hip and low back. The patient continued to work for a couple of months with ongoing pain. On 12/08/11, the patient was attempting to lift a case that contained six one gallon bottles of antifreeze overhead and down to the lower level and experienced increasing pain to his right low back with radiation into the right hip. The prior treatment included Norco, tramadol, Mobic, Prilosec, ketorolac, Xanax, Norflex, Prozac; physical therapy (PT), work restrictions, rest and acupuncture. An MRI of the lumbar spine on 02/08/12 was negative for fracture, dislocation, subluxation or disc space narrowing. An MRI of the right hip on 10/11/12 showed 1.5 x 1.3 cm bright lesion in the medial right femoral head with chondroid matrix suggestive of enchondroma, a 7 x 8 mm bright lesion in the right intratrochanteric region of the femur and 1-cm bright lesion in the left superior acetabulum, a 1-cm cyst deep to the right iliopsoas muscle just outside of the hip joint capsule. There was a 2.3-cm fat containing left inguinal hernia noted. An MRI of the pelvis on 04/25/13 revealed stable T2 bright and T1 dark mildly-enhancing lesion in the medial right femoral head, right intertrochanteric femur and left superior acetabulum. These measured 1.3 cm x 1.5 cm for the medial right femoral head lesion. Medical history was significant for high blood pressure and high cholesterol. The examination on 9/9/13 indicated ongoing back and bilateral hip pain. The examination showed spasms, tenderness and guarding in the lumbar paravertebral musculature with loss of range of motion (ROM). Hip exam showed reduced ROM and crepitus in all planes with reduced ROM. The diagnoses were hip contusion and lumbosacral radiculopathy. The treatment plan was to continue work restrictions and medication management. On 9/25/13, the request for three medication

management sessions between 09/19/13 and 11/03/2013 was non-certified as there was no documentation to include urine drug screen or medication pill count to indicate the patient's noncompliance with medication intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MEDICATION MANAGEMENT SESSIONS BETWEEN 9/19/13 AND 11/3/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: There is no documentation of uncontrolled symptoms or medications side effects. There is no evidence of compliance or non-compliance, addiction behavior or drug diversion. No pill-count or urine drug screen are performed to demonstrate the necessity of frequent office visits. Monthly outpatient visits should be sufficient for medication monitoring. Therefore, the medical necessity of the requested service cannot be established at this time.