

Case Number:	CM13-0046015		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2011
Decision Date:	02/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient sustained an injury on 8/1/11. The request under consideration includes a lumbar follow-up visit request for authorization 10-15-13. The report dated 10/15/13 from [REDACTED] noted the patient is seen for follow-up after the Medial Branch Blocks (MBB) and wants to move forward with radiofrequency lesioning. He tolerates Gabapentin but has side effects from intermittent dosing. The pain level is reported to be from 9/10 to 5/10 at general spine with current pain level of 8-9/10 without medications and 7-8/10 with medications. Neck pain radiates into right upper extremity. Low back pain radiates to right S1 distribution and lesser degree on left. He noted chronic chest pressure and shortness of breath and has ongoing cardiopulmonary disease. The exam showed lumbar tenderness myofascial, paravertebral facet, spasms, and decreased ROM; lower extremity edema, mild antalgic gait. Diagnoses include lumbar spondylosis with diagnostic response to L4 & L5 MBB; lumbar radiculopathy S1 distribution; C6 right radiculopathy; COPD; history left axillary lymphoma status post radiation; history of anxiety/ depression. Treatment included Skelaxin, Norco, and Gralise (Neurontin). The request for lumbar follow-up visit was non-certified on 11/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar follow-up visit request for authorization 10-15-13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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 6, Pain, Suffering and Restoration of Function, page 108-115

Decision rationale: The request under consideration includes a lumbar follow-up visit request for authorization 10-15-13. The report dated 10/15/13 from [REDACTED] noted the patient is seen for follow-up after the Medial Branch Blocks (MBB) and wants to move forward with radiofrequency lesioning. He tolerates Gabapentin but has side effects from intermittent dosing. The pain level is reported to be from 9/10 to 5/10 at general spine with current pain level of 8-9/10 without medications and 7-8/10 with medications. Neck pain radiates into right upper extremity. Low back pain radiates to right S1 distribution and lesser degree on left. Diagnoses include lumbar spondylosis with diagnostic response to L4 & L5 MBB; lumbar radiculopathy S1 distribution; C6 right radiculopathy; COPD; history left axillary lymphoma s/p radiation; history of anxiety/ depression. Treatment included Skelaxin, Norco, and Gralise (Neurontin). The request for lumbar follow-up visit was non-certified on 11/5/13. This patient sustained a low back injury in August 2011 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; he remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management follow-up has not been established. The Lumbar follow-up visit request for authorization 10-15-13 is not medically necessary and appropriate.