MAXIMUS Federal Services

Case Number:	CM13-0063397		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2003
Decision Date:	04/18/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice, 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 patient is a 59-year-old male who reported an injury on 08/16/2003. The patient was diagnosed with thoracic or lumbosacral neuritis or radiculitis and lumbosacral pain. The patient complained of pain to the low back with radiating pain down bilateral legs. The patient had an unofficial MRI that confirmed L4-5 disc herniation. The patient had been treated with epidural steroid injections. The patient reported a decrease of 75% in pain. The physical examination revealed tenderness over the lumbar facet joints and paraspinal musculature. Range of motion was mildly to moderately decreased. A request was made for an unknown evaluation and treatment for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown evaluation and treatment for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: California MTUS/ACOEM states if surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and especially expectations is very important.

Patients with acute back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication of surgery, referring a patient to a physical medicine practitioner may help resolve the problems. The patient complained of low back pain, however, the request submitted was for an unknown evaluation and treatment for 6 months. The documentation submitted for review indicates that the patient is stable, status post an epidural steroid injection, and medication. The documentation did not show evidence of what the request for an unknown evaluation and treatment for 6 months were. As such, the request is non-certified.