MAXIMUS Federal Services

Case Number:	CM13-0072659		
Date Assigned:	01/10/2014	Date of Injury:	01/14/2011
Decision Date:	06/05/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine, 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 [redacted] employee who has filed a claim for chronic pain, thoracolumbar radiculopathy, and facet arthropathy associated with an industrial injury of January 14, 2011. Thus far, the patient has been treated with opioids, Cymbalta, muscle relaxants, Butrans patch, lumbar facet injections, and caudal epidural steroid injection. Of note, patient had back surgery in September 2001. Current medications include Cymbalta, Hydrocodone/acetaminophen, and Morphine Sulfate. Review of progress notes showed worsening low back pain radiating to the left lower extremity up to the foot, and to the right thigh. There is tenderness of cervical and lumbar regions, spasm of lumbar muscles, positive straight leg raise test on the left, decreased lumbar range of motion, and taut bands over the lumbar paraspinal muscles. Patient is morbidly obese. MRI of the lumbar spine from January 2012 showed multilevel disc herniations and disc bulges with neuroforaminal narrowing, and generalized facet arthropathy. Utilization review dated December 27, 2013 indicates that the claims administrator modified the certification for a request for 6 monthly office visits with an anesthesiologist to 1 month and subsequent office visits should be evaluated based on the clinical findings from the first visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTHLY OFFICE VISITS WITH AN ANESTHESIOLOGIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids, long-term assessment and Criteria for Use of Opioids.

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) Independent Medical Examinations and Consultations Chapter, page(s) 127 and 156.

Decision rationale: As stated on pages 127 and 156 in the CA MTUS ACOEM Independent Medical Examinations and Consultations chapter, 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. In this case, there is previous authorization for 1 monthly office visit with an anesthesiologist; but, there is no documentation regarding this visit to support additional monthly visits at this time. Therefore, the request for 6 monthly office visits with an anesthesiologist was not medically necessary per the guideline recommendations of MTUS.