

Case Number:	CM14-0106430		
Date Assigned:	07/30/2014	Date of Injury:	05/01/2013
Decision Date:	09/11/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 47 years old with an injury date on 05/01/2013. Based on the 05/16/2014 progress report provided by [REDACTED], the diagnoses are: Lumbar radiculopathy; Lumbar facet arthropathy; Left knee pain. According to this report, the patient complains of low back pain and left knee pain. MRI of the right knee on 02/21/2014 reveal torn medial and lateral meniscus. The MRI report was not provided in the file. Deep tendon reflexes of the bilateral knee are decreased. Straight leg raise test is positive on the right. Dullness to pinprick was noted at the posterior right calf. The 06/13/2014 from [REDACTED] indicates the patient has radiating low back pain that travel down the leg associated with numbness and tingling. The pain is rated as a 4-6/10 with medication and 9/10 without medication. Decreased sensation in the L4-L5 dermatome pattern was noted. MRI of the lumbar spine on 05/22/2014, per [REDACTED] there "multiple herniation disc most remarkable at L4-L5 and L5-S1 with bilateral neural foraminal narrowing and degenerated facets." There were no other significant findings noted on this report. The utilization review denied the request on 06/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/2014 to 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MEDICINE FOLLOW-UP WITH [REDACTED] FOR LUMBAR SPINE X 2 VISITS:
Overturned

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): 8. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: According to the 06/13/2014 report by [REDACTED] this patient presents with radiating low back pain that travel down the leg associated with numbness and tingling. The treater is requesting 2 visits for pain medicine follow-up for the lumbar spine. Regarding treatments sessions, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the patient presents with chronic pain and has multiple disc herniations. The requested 2 visits for pain medicine appear reasonable at this time. Recommendation is that the request is medically necessary.