MAXIMUS Federal Services

Case Number:	CM14-0017973		
Date Assigned:	04/16/2014	Date of Injury:	02/08/1998
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 63 year old female with a reported injury date of 02/08/1998; the mechanism of injury was not provided in the medical records. The clinical note dated 08/28/2013 noted that the injured worker had subjective complaints that included moderately rated pain to lower back that was described as aching, burning, and stabbing that increased with activity. Objective findings included moderate tenderness in the lower spine, severely limited lumbar extension, positive bilateral kemps tests, and negative straight leg raise bilaterally. Additional objective findings include decreased sensation along the L5 and S1 dermatome of the right side, intact deep tendon reflexes, and right ankle dorsiflexion strength of 4/5. Medication use included Ambien 5mg as needed #20, Baclofen 10mg three times daily as needed #90, Norco 10/325mg every 4 to 6 hours as needed. Although not quantifiable, it was also noted in the clinical note that the injured worker has failed to respond to conservative measures of medication, lifestyle changes, injection, and physical therapy, and a recommendation for surgical intervention was appropriate. The operative report dated 09/04/2013 documented that the injured worker underwent a posterior arthrodesis; L4-L5, translumbar interbody fusion; L4-L5, application of spinal prosthetic device; 22mm XD cage from spine wave at L4-L5, posterior instrumentation, L4-L5; with Orthofix Firebird fixation, total lumbar laminectomy of L4, L5; separate and distinct from interbody fusion, bilateral hemilaminectomies of S1, and use of morselized allograft and local bone graft for fusion. Diagnoses include spondylolisthesis; L4-L5, lumbar stenosis; L4-S1, sciatica; lower extremities, low back pain, and degenerative disc disease. The request for authorization for a follow up appointment with therapeutic pain management for cervical pain, thoracic pain, lumbar pain, and right ankle pain was submitted on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP APPOINTMENT WITH THERAPEUTIC PAIN MANAGEMENT (TPM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Regarding Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar And Thoracic, Office Visits.

Decision rationale: The request for follow-up appointment with therapeutic pain management (TPM) is non-certified. The submitted authorization for request that was provided referenced cervical pain, thoracic pain, lumbar pain, and right ankle pain. The only documentation provided showed the injured worker had complaints associated with the lumbar spine. The documentation also showed that the injured worker is status post posterior decompression L4-S1, discectomy, pedicle screw fixation, stabilization and interbody fusion L4-L5 which was performed on 09/04/2013. The Official Disability Guidelines recommend office visits as long as they are determined to be medically necessary based upon the review of the patients concerns, sign and symptoms, clinical stability, and reasonable physician judgment. The medical records provided for review did not have documentation of the injured workers status following the surgical procedure performed on 09/04/2013; therefore the necessity for a follow-up visit for pain management cannot be established. Additionally, the medical records provided do not adequately address the need for a pain management visit associated with the cervical spine, thoracic spine, and right ankle as the documentation provided only addresses symptoms associated with the lumbar spine region. Furthermore, there is no documentation of a pain plan that the injured worker will follow after the performed surgery. Based upon the lack of adequate documentation the request for a follow-up with therapeutic pain management (TPM) is non-certified.