MAXIMUS Federal Services

Case Number:	CM14-0019376		
Date Assigned:	04/21/2014	Date of Injury:	07/23/2012
Decision Date:	07/02/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 30 year old female who was injured on 07/24/2012 while lifting a box of injectors and felt pain into her low back. Prior treatment history has included physical therapy from 08/02/2012 to 08/23/2012; and chiropractic therapy. Diagnostic studies reviewed include MRI of the lumbar spine of 03/19/2013 demonstrates focal disc protrusion of 2.9 mm at L5-S1. She underwent electrodiagnostic studies on 03/25/2013 which are normal. AME dated 10/11/2013 reports the patient was placed on temporary total disability for 45 days while she attended the patient therapy program. PR2 dated 10/10/2013 indicates the patient presents with low back pain radiating to the lower extremity rated as 6/10 with occasional right hip pain rated as 4/10. The pain is decreased due to resting. The patient wants to hold off on authorized therapy due to pregnancy at this time. Objective findings on examination of lumbar spine reveal range of motion exhibits flexion to 35; extension to 10; right lateral flexion to 15; left lateral flexion to 15; Left straight leg raise is positive on the left. She is tender of the lumbar spine with spasms. The right hip range of motion exhibits flexion to 90; extension to 25; internal rotation to 40; external rotation to 40; abduction to 40; and adduction to 20. Diagnoses are lumbar radiculopathy and right hip internal derangement. A copy of the AME has been requested for review and the patient will follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP EVALUATIONS WITH PAIN MANAGEMENT EVERY 4-6 WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112.

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), 2NDEDITION, (2004), 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 503-505.

Decision rationale: According to the CA MTUS guidelines, consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The medical records document the patient was diagnosed with lumbar radiculopathy and right hip internal derangement in the PR-2 dated 10/10/2013. The patient has an AME on 9/9/13 in which she was determined to be at maximal medical improvement and was declared permanent and stationary. Future medical was given for physical therapy and prescription medications in the event of possible flare-up. Surgical was not anticipated. No provision was made for routine pain management follow-ups every 4 to 6 weeks. Furthermore, the remainder of the provided records does not establish the necessity for ongoing, scheduled care with a pain management physician. This is not a complex case with diagnostic uncertainty. Medical necessity is not established.